DOCUMENT RESUME

ED 318 205 EC 230 835

AUTHOR	Lundin, Janet, Ed.; Clark-Thomas, Eleanor, Ed.
TITLE	Program Guidelines for Language, Speech, and Hearing Specialists Providing Designated Instruction and Services.
INSTITUTION	California State Dept. of Education, Sacramento.
REPORT NO	ISBN-0-8011-0817-9
PUB DATE	89
NOTE	97p.
AVAILABLE FROM	Bureau of Publications, Sales Unit, California State Department of Education, P.O. Box 271, Sacramento, CA 95802-0271 ($6.00).
PUB TYPE	Guides - Non-Classroom Use (055) -- Tests/Evaluation Instruments (160)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Compliance (Legal); Delivery Systems; *Educational Diagnosis; Elementary Secondary Education; Evaluation Methods; *Handicap Identification; *Hearing Impairments; Individualized Education Programs; *Language Handicaps; Models; Program Evaluation; Referral; Regular and Special Education Relationship; Self Evaluation (Groups); *Speech Handicaps; *Student Evaluation
IDENTIFIERS	California

ABSTRACT

These guidelines serve as a model for meeting the educational needs of students with language, speech, and hearing disorders. The guidelines clarify the paperwork requirements of federal and state statutes; reduce paperwork procedures to increase instructional time to students; recommend service delivery models; provide criteria to assist in monitoring an effective program; and incorporate the expertise of the language, speech, and hearing specialist with the regular education program to assist students who are underserved and do not meet eligibility criteria. Individual chapters cover: identification and referral, the assessment process, eligibility for special education, Individualized Education Program development, requirements for and reduction of paperwork, and service delivery models. Appendixes contain information on the role of the language, speech, and hearing specialist; professional qualifications in California; certification standards for the language, speech, and hearing specialist; sources of funding; least restrictive environment policy; and facilities and equipment. Also included are: (1) a list of resource persons who can provide information about technical assistance, severity rating scales, and computerized individualized education programs; (2) a questionnaire for evaluating and improving the effectiveness of local programs; and (3) several assessment, referral, and other administrative forms. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED318205

Program Guidelines for Language, Speech, and Hearing Specialists Providing Designated Instruction and Services

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

EC 230 835

CALIFORNIA STATE DEPARTMENT OF EDUCATION
Bill Honig, Superintendent of Public Instruction
Sacramento, 1989

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY
L. M. Roy
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC

Program Guidelines for Language, Speech, and Hearing Specialists Providing Designated Instruction and Services

Publishing Information

Program Guidelines for Language, Speech, and Hearing Specialists Providing Designated Instruction and Services was edited by Janet Lundin, working in cooperation with Eleanor Clark-Thomas. This publication was designed and prepared for photo-offset production by the staff of the Bureau of Publications, with the cover and interior design created and prepared by Cheryl Shawver-McDonald. Typesetting was done by Jeannette Huff.

This document was published by the Department of Education, 721 Capitol Mall, Sacramento, California (mailing address: P.O. Box 944272, Sacramento, CA 94244-2720). It was distributed under the provisions of the Library Distribution Act and *Government Code* Section 11096.

Copyright © 1989 by the California State Department of Education

NOTE: The material in Appendix I can be reproduced without the prior permission of the publisher.

Copies of this publication are available for $6 each, plus sales tax for California residents, from the Bureau of Publications, Sales Unit, California State Department of Education, P.O. Box 271, Sacramento, CA 95802-0271 (phone: (916) 445-1260).

A list of other publications that are available from the Department appears on the inside back cover. A complete list may be obtained by writing to the address given above or by calling the Sales Unit at (916) 445-1260.

ISBN 0-8011-0817-9

Legal Requirements for Publishing

Program guidelines, according to *Education Code* Section 33308.5, "shall be designed to serve as a model or example and shall not be prescriptive." These guidelines have been developed cooperatively by teachers, parents, and administrators to serve as a model for providing a quality, cost-effective education that includes the requirements of state and federal laws to students with language and speech disorders. Pertinent legal requirements are cited throughout these guidelines.

Contents

Page

Preface vi
Acknowledgments vii

Introduction ix
- Purpose of the Guidelines ix
- Uses for the Guidelines ix
- Contents of the Appendixes x

Chapter One: Identification and Referral 1

Identification 1
- Child-find System 1
- Community and School Awareness 1
- Two Types of Screening 2
- Student Study Team 2
- Modifications of the Regular Program 3

Referral 3
- Rationale for Referral 3
- The Right to Due Process 3
- Paperwork for the LSH Specialist 4

Questions 4

Chapter Two: Assessment Process 7

Essential Elements of the Assessment Process 7
- Legal Time Lines 7
- Referral for Assessment 7
- Assessment Plan 7
- Assessment Procedures 8
- Assessment Personnel 8
- Assessment Report 8
- Annual Review 9
- Triennial (Three-year) Assessment 9

Responsibility for Assessment 9
Alternative Means of Assessment 9
Assessment of Language Minority and Dialect-speaking Students 9
- Student Classified as Fluent-English Proficient (FEP) 10
- Student Classified as Limited-English Proficent (LEP) 10
- Student Classified as English Only (EO) 10

Questions 10

Chapter Three: Eligibility for Special Education 13

Criteria for Determining Eligibility 13
Definitions of Eligibility 13
Eligibility Criteria for Students with Speech and Language Disorders 14
- Articulation Disorder 14
- Abnormal Voice 14

Fluency Disorders 14
Language Disorder (Language Development) 14
Language Disorder (Expressive or Receptive Language) 15
Eligibility Criteria for Infants Birth to Three Years of Age 15
Eligibility Criteria for Individuals Three to Five Years of Age 16
Preschool Criteria, Option 1 16
Preschool Criteria, Option 2 16
Preschool Criteria, Option 3 17
Eligibility Considerations for the Limited-English-Proficient Student 17
Strategies for Use of the Criteria 17
A Districtwide Assessment Battery 17
Age of Acquisition Range for Speech Sounds 18
Chronological Age Level and Developmental Level 18
Severity Rating Scale 18
Language Sample 18
Questions 18

Chapter Four: Individualized Education Program Development 21

Legislative Intent of the IEP 21
Parents' Notification of the IEP Meeting 21
Composition of the IEP Team 22
The IEP Meeting 22
Content of the IEP 22
Present Levels of Performance 22
Goals and Objectives 23
Specific Instruction and Frequency of Service 23
Participation in the Regular Educational Program 23
Date of Initiation and Duration of Services 23
Signatures of the Attendees 23
Annual Review 23
Questions 23

Chapter Five: Requirements for and Reduction of Paperwork 25

Current Paperwork Procedures 25
Reduction of Number of Forms 25
Streamlined Forms 26
Outline of Basic Requirements 26
Student Referral 26
Assessment Plan 26
Parental Rights and Due Process 27
Assessment Report 27
Parental Notification of the IEP Meeting 27
Individualized Education Program 27
Questions 27

Chapter Six: Service Delivery Models 29

Combining Programs 29
Caseloads for LSH Specialists 29
Traditional Pullout Model 30
Cases Served 30
Services Provided by the LSH Specialist 30
Caseload Size and Schedule for Activities 30
Infant-Preschool Home-based or Center-based Model 30
Interventions 30
Responsibilities 30
Transdisciplinary Team Model 30
Classroom Intervention Model for Elementary Schools 31
Classroom Intervention Model for Secondary Schools 31
Departmentalized Model for Secondary Schools 31
Role of the LSH Specialist 31
Schedule for the LSH Specialist 32
Language Laboratory Model 32
Paraprofessional Model 32
Postsecondary Transitional Model 32
Language and Speech Consultative Models 33
Consultant Services for a Nonverbal Population 33
Bilingual Language, Speech, and Hearing Consultant 33
Diagnostic Consultant 33
Community-based Language, Speech, and Hearing Consultant 33
Mentor Teacher Consultant 34
School-based Programs Model 34
Questions 35

Appendixes

A. Role of the Language, Speech, and Hearing Specialist 38
B. Professional Qualifications in California 40
C. Certification Standards for the Language, Speech, and Hearing Specialist 43
D. Sources of Funding 45
E. Least Restrictive Environment 47
F. Facilities and Equipment 49
G. Resources Available 50

H. Self-review Guide 53
I. Resource Materials and Forms 57
General Classroom Modifications 59
Speech and Language Modifications for the Regular Education Program 61
Structured Interview (Sample Questions and Tasks) 65
Suggested Language Sample Collection Techniques 67
Eligibility Criteria for Speech and Language Disorders 69
Eligibility Criteria for Individuals with Exceptional Needs, Aged Birth to Four Years Nine Months 71
Infant and Preschool Developmental Age Equivalents 73
Checklist of Eligibility Guidelines for Non-English Background Students 75
Form 1, Speech and Language Assessment, Secondary Level 77
Developing a Severity Rating Scale and Minimum Contact Schedule 79
Form 2, Language, Speech, and Hearing Referral, Assessment Plan, and Notice of Meeting 81
Form 3, Language, Speech, and Hearing Assessment Report and Individualized Education Program 83
Form 4, Student's Referral Form 85
Form 5, Assessment Plan 87
Form 6, LHS Specialist's Assessment Report 89
Form 7, Notice of Meeting 91
Form 8, Individualized Education Program, Language, Speech, and Hearing (DIS) 93

Preface

In response to recommendations that students with language, speech, and hearing disorders be served outside the auspices of special education because of the large amount of paperwork required to provide services, staff members from the California State Department of Education appointed a special task force to review the problem.

The study conducted by the task force revealed that the paperwork required by local educational agencies (LEAs) often exceeds legal requirements. As a result, the task force recommended the development of a handbook containing guidelines to assist LEAs in reducing the number of procedures and the paperwork needed to provide services for these students. This publication provides these guidelines. We encourage educational personnel to follow them and thereby enhance the effectiveness of instructional services for these students.

We are grateful for the dedication of the task force and the committee members who contributed their expertise to the development of these guidelines. We also appreciate the suggestions and reactions of those who reviewed early drafts and the efforts of Eleanor Clark-Thomas, Consultant, Special Education Division, California State Department of Education, who coordinated the development of this publication.

SHIRLEY A. THORNTON
Deputy Superintendent
Specialized Programs

PATRICK CAMPBELL
Associate Superintendent and Director
Special Education Division

Acknowledgments

These guidelines were based on the recommendations of the task force for developing program guidelines for the language, speech, and hearing specialist. The members represent a broad spectrum of individuals, organizations, and public agencies involved in the education of California students with language, speech, and hearing disorders. Titles and locations of persons listed below were current when this document was being developed.

Eleanor Clark-Thomas, Consultant, Special Education Division, California State Department of Education, Los Angeles
Gordon Duck, Consultant, Special Education Division, California State Department of Education, Sacramento
Judith Greenstate, Language-Speech Specialist, Mentor Teacher, Los Angeles Unified School District
Mark Hansen, SELPA Director, Newport Beach SELPA
Bonnie A. Plummer, SELPA Director, Solano County SELPA, Fairfield
John Sayler, Program Manager, Special Education, San Juan Unified School District, Carmichael
Roxanne Schnell-Torosian, Program Specialist, Montebello Unified School District
Karen Shigezumi-Sakata, Program Specialist, Mt. Diablo Unified School District, Concord
Doris Soroky, Director of Instruction, Los Angeles Unified School District, Division of Special Education
Ann Sprague, SELPA Director, San Joaquin County SELPA, Stockton
Dru Stainbeck, (Retired), Honig's Advisory Committee, Cajon Valley Union Elementary School District, El Cajon
Diana Taylor-Gillham, Language, Speech, and Hearing Specialist, Carlsbad Unified School District
Richard Zuehlsdorff, Advisory Commission on Special Education, Oakland

On the recommendation of the task force, these guidelines were then developed through the generous efforts of the following:

Natalye Black, Program Specialist, Irvine Unified School District
Eleanor Clark-Thomas, Consultant, Special Education Division, California State Department of Education, Los Angeles
Gordon Duck, Consultant, Special Education Division, California State Department of Education, Sacramento

Kay Fielder, Program Specialist, Greater Anaheim SELPA
Judith Greenstate, Language-Speech Specialist, Mentor Teacher, Los Angeles Unified School District
John Sayler, Program Manager, Special Education, San Juan Unified School District, Carmichael
Roxanne Schnell-Torosian, Program Specialist, Montebello Unified School District
Robert Shearer, Special Education Consultant, Private Practice, Concord
Doris Soroky, Director of Instruction, Los Angeles Unified School District, Division of Special Education
Diana Taylor-Gillham, Language, Speech, and Hearing Specialist, Carlsbad Unified School District
Susanna Waddell, Program Specialist, San Benito/Santa Cruz SELPA, Santa Cruz

This document also reflects the valuable written comments and suggestions from the field and from meetings with parents, other consumers, staff, and administrators representing the following agencies and organizations:

California Speech-Language-Hearing Association (CSHA)
Local educational agencies (LEAs) and clerical staff
Administrators from special education local plan areas (SELPAs)
Special Education Administrators of County Offices (SEACO)

Eleanor Clark-Thomas, Consultant, Special Education Division, California State Department of Education, as chairperson of the task force, coordinated and supervised the development of this document with the valuable assistance of other departmental professional and administrative staff, particularly that of Gordon Duck, Consultant, Special Education Division, California State Department of Education, Sacramento.

The clerical staff of the Special Education Division in the Los Angeles office, Gloria Bautista, Manuel Gonzales, Victor Hackett, and Carmen Rivera, are also acknowledged for their efforts in the preparation of this publication. Special acknowledgement is given to Surender Bhatia for many hours of clerical work on this document and to Carole Rouin, who prepared the draft.

Recognition is also given to the following consultants from the Special Education Division, California State Department of Education: Winnie Bachman, Margo Droneck, and Jack Hazekamp, who provided their expertise in the development of this publication, and to Janine Swanson from the division's Infant Preschool Program, who developed the material on infant and preschool eligibility criteria and on developmental age equivalents.

A special appreciation is extended to Bill Honig, Superintendent of Public Instruction, California State Department of Education, who sponsored and encouraged the task force.

Introduction

These guidelines serve as a model for meeting the educational needs of students with language, speech, and hearing disorders. All instruction and services provided to these students must be planned and coordinated to focus on the specific needs of each student. Close cooperation and coordination among all agencies, programs, and individuals who assess and provide instruction and service are the keys to meeting these needs successfully and to improving local programs. Readers of this publication may wish to contact the Special Education Division of the California State Department of Education for technical assistance.

Purpose of the Guidelines

The guidelines have been developed as a resource for individuals responsible for identifying, assessing, planning, providing, evaluating, and improving educational services to language, speech, and hearing impaired children. These guidelines will:

- Clarify the requirements for paperwork of federal and state statutes.
- Reduce procedures for excessive paperwork and increase instructional time to students.
- Recommend service delivery models designed to give the language, speech, and hearing (LSH) specialist options for providing services to students.
- Provide criteria to assist in monitoring an effective program for LSH students.
- Incorporate the expertise of the LSH specialist with the regular education program to assist students who are underserved and do not meet eligibility criteria.

Because educational services for speech-impaired and language-impaired children are governed by mandates established in federal and state laws and regulations, the guidelines in this document were developed to be consistent with these mandates and to suggest how the mandates might be carried out with the minimum of paperwork and maximum use of instructional time.

Uses for the Guidelines

This document was designed to be used in three major ways: First, these guidelines can help parents, staff members, and administrators to improve their effectiveness and understanding in meeting the needs of students with language, speech, and hearing disorders. Second, these guidelines can improve the effectiveness of both

special education and regular education programs in meeting the needs of students with language, speech, and hearing disorders and in making maximum use of available resources. Third, these guidelines provide references for information and resources to assist parents, staff members, and administrators to improve the effectiveness of individuals and programs. The guidelines can be used to:

- Obtain basic information and suggestions regarding the identification, assessment, and provision of instruction and services to students with language, speech, and hearing disorders.
- Identify sources of funding.
- Locate local, state, and national resources.
- Reduce paperwork to increase effectiveness.

Contents of the Appendixes

Appendixes A through I provide additional information and sources of assistance for the reader.

Appendix A, "Role of the Language, Speech, and Hearing Specialist," contains information on the primary responsibilities of the LSH specialist and his or her role in the delivery of services to communicatively impaired students.

Appendix B, "Professional Qualifications in California," contains information on the clinical rehabilitative services credential, the legal requirements for applicants prepared outside California, the requirements for the special class authorization, the emergency credential, the specialist instruction credentials, and the additional teaching credentials authorizing holders to teach children with disabilities in language and speech.

Appendix C, "Certification Standards for the Language, Speech, and Hearing Specialist," contains the requirements for obtaining the certificates of clinical competence and information for California state licensure for settings other than in public schools.

Appendix D, "Sources of Funding," presents historical and current legislative provisions for funding language and speech programs.

Appendix E, "Least Restrictive Environment," contains a policy statement on California's commitment to the provision of services in the least restrictive environment to individuals with exceptional needs.

Appendix F, "Facilities and Equipment," contains a description of the work environment and basic equipment used by language, speech, and hearing specialists.

Appendix G, "Resources Available," lists addresses and telephone numbers of resource persons who can provide information about technical assistance, severity rating scales, and computerized individualized education programs.

Appendix H, "Self-review Guide," contains a questionnaire that can assist parents, staff, and administrators in evaluating and improving the effectiveness of local programs. This self-review guide can be used to (1) conduct an internal or external review of the program; (2) identify areas and establish goals for program improvement; (3) identify possible topics for local evaluation studies; and (4) identify needs for technical assistance.

Appendix I, "Resource Materials and Forms" contains the charts, questionnaires, informational materials, sections from legislative codes, and forms described in the preceding chapters.

CHAPTER ONE

Identification and Referral

This chapter contains information about identifying students who may have language, speech, or hearing difficulties and about referring identified students for special education and related services. The chapter begins with an examination of the methods used to identify children who may need special education and related services, including the child-find system, community and school awareness, screening, the student study team (SST), and modifications of the regular program.

Examined next is the referral process, which involves documentation of regular program modifications, written requests for assessment, due process, and requirements for paperwork. As a means of responding to readers' specific concerns about the topics presented, this chapter concludes with a section of questions and answers.

Identification

Identification is the process of locating students who may not be progressing as expected and of obtaining initial information regarding their learning strengths and weaknesses. Identification includes, but is not limited to, a child-find system, in-service training for educators and community members, screening, and the functions of the student study team (SST).

Child-find System

Positive efforts must be made to provide information to the community regarding children who may need special education and related services. Staff from the special education local plan area (SELPA) should search for, find, and serve infants and students in the community who are suspected of having language, speech, or hearing difficulties. Child-find procedures should occur in preschool, private school, parochial school, and public school settings.

Community and School Awareness

The first step for efficient and effective identification of children who may need special services is to inform teachers, parents, and members of the community about normal communicative behaviors, so that suspected language, speech, or hearing difficulties can be identified. After written lists of behaviors have been compiled, periodic in-service training and consultation regarding suspect behaviors should follow until potentially responsible individuals become familiar with developmental expectations and ranges for the student.

Screening by the LSH specialist may occur at any stage in the regular educational process.

Two Types of Screening

Because no code or regulation defines the term *screening*, many definitions exist. Two kinds of screening are defined in the paragraphs that follow.

A review of a regular population. This traditional definition holds that, regardless of the instrument used, students can respond to questions in an individual setting as long as all students within the common group receive the same questions and treatment.

The most common example of this type of screening is the mass testing of an entire classroom of students. All students in the class are seen for brief periods of time, often in the corner of the room or outside the classroom door. Since all members of a given population (for example, all kindergartners, second graders, or new students) receive the same treatment, this type of screening is not considered individual, nor is it targeted for a specific student.

A structured review of student performance designed to facilitate observation. This definition views screening as a rapid process of looking at children about whom there is a concern. Since developmental processes, especially communication, vary from one child to another, individual children who appear to be lagging in development should be observed to facilitate appropriate modifications of the regular educational program and to determine the need for referral.

Screening should not be confused with *assessment*, legislation for which appears in *Education Code* sections 56001(j), 56320 through 56322, 56324, 56327, and 56329. Assessment involves in-depth exploring of a student's level of performance to identify disabilities and to determine eligibility for special education. Screening, on the other hand, is part of the regular educational process and might best be considered as a structured observation by the regular classroom teacher, the LSH specialist, and the SST.

Screening by the regular classroom teacher. The teacher, after noting specific behaviors by an individual student, may:

1. Attempt modifications of the regular educational program.
2. Consult with other staff or parents for suggested modifications.
3. Consult with the LSH specialist for specific modifications.
4. Request screening by the LSH specialist to obtain modifications.
5. Attempt the LSH specialist's recommended modifications of the regular program.
6. Refer the student to the student study team if the modifications suggested by the LSH specialist are unsuccessful.

Screening by the LSH specialist. The LSH specialist may:

1. Observe a student and recommend modifications of the regular educational program to the teacher.
2. Screen an individual student at the request of the teacher or the student study team (SST).
3. Suggest modifications of the regular program to the SST or other staff, such as the nurse, reading specialist, or bilingual teacher.
4. Refer the individual student to the SST.
5. Recommend referral for assessment after screening or at the request of the SST if modification of the regular program has been attempted.

Screening by the LSH specialist may occur at any stage in the regular educational process. The LSH specialist must use time and resources efficiently to serve identified caseloads as well as to screen other students who may be at risk. As a result, screening by the LSH specialist might occur first as a review of an entire classroom or of an individual student on the basis of recommendations of the regular classroom teacher or the SST as he or she gathers information and makes modifications of the regular classroom program.

Screening streamlines significantly the LSH specialist's role in structuring observations and suggesting modifications of the regular program because this process does not require the time lines, meetings, and paperwork involved in the formal assessment and IEP meeting process. Screening is an effective and efficient process that limits referral for assessment to cases where the likelihood of eventual eligibility and placement in special education seems likely.

Student Study Team

As a regular education function, the student study team (SST) reviews individual student problems and plans alternative instructional strategies that can be implemented in the regular classroom. The SST also assists with mainstreaming strategies for those students who are already in

special education and might need modifications in the regular education program to facilitate their successful integration. The SST should not be viewed as a means for automatically referring students to the LSH specialist for special education. The primary purpose of the SST as it relates to the LSH specialist is to make appropriate recommendations to teachers regarding a student who is experiencing communication difficulties. Suggestions may also be made to parents, the student, and other staff members.

Many LSH specialists use the SST to explore concerns and facilitate program modifications in receptive and expressive language. Concerns about fluency and voice might also be directed through the SST to involve additional staff in managing patterns that incur vocal abuse or stress. Teachers' concerns regarding articulation involve the SST less frequently. The SST can also be used to spread awareness of the importance of speech and language skills throughout the school.

Referring a student to the SST is a simple process. In most cases the SST chairperson or designee accepts students' names for the agenda and invites appropriate staff after consultation with the student's teacher.

Most SSTs have a core group of three to five members, including the principal or designee, a counselor and/or reading specialist, and the referring teacher. The LSH specialist may consult with the team but should not routinely attend every meeting, since the LSH specialist and other special education personnel are not regular members of the SST. This approach reinforces the SST's status as a regular education committee and avoids any inference of a pre-IEP team meeting. The LSH specialist should be included if observation, consultation, or screening has occurred or if the staff members feel that a need exists. Attendance by the LSH specialist is strongly recommended if language and/or speech modifications have been unsuccessfully attempted in the regular classroom and a referral to special education is being considered. (See Figure 1, "Identification and Referral Flowchart," on page 6.)

Modifications of the Regular Program

According to *Education Code* Section 56303, "a pupil shall be referred for special educational instruction and services only after the resources of the regular education program have been considered and, where appropriate, utilized."

Written documentation of attempted modifications must be included in each referral. Many public school agencies have developed specific written procedures to guarantee that this requirement is fulfilled. The student study team's records, LSH screening reports, and teachers' records may serve as documentation of appropriate and attempted modifications. (For suggested speech, language, and general classroom modifications, see "General Classroom Modifications," on page 59, and "Speech and Language Modifications for the Regular Education Program," on page 61, in Appendix I.)

Referral

" 'Referral for assessment' means any written request for assessment to identify an individual with exceptional needs made by a parent, teacher, or other service provider" (*Education Code* Section 56029). A *referral* is a formal written request for thorough assessment in all areas related to a suspected disability that may result in eligibility for special education and related services. Notes from teachers, often on scratch paper, suggesting that an LSH specialist look at an individual student do not constitute a referral. Such informal requests seek broad information and are designed to obtain suggestions for regular program modification. A formal referral specifically seeks assessment data to identify an individual with exceptional needs.

Rationale for Referral

In addition to containing a brief description of the attempted modifications to the regular program, Section 3021 of the *California Code of Regulations, Title 5, Education* requires that the referral include a brief rationale. The description of attempted modifications and the rationale may be combined in one statement. In fact, the rationale is often provided by the fact that the attempted modifications of the regular program have been unsuccessful.

The Right to Due Process

Since a referral for assessment is the initial step in the special education process, parents must be informed of their rights, including the right to a due process hearing and other procedural safeguards under special education procedures and provisions. Frequently, this thorough explanation of the parents' rights appears in writing on the back of the referral form or assessment plan.

Paperwork for the LSH Specialist

The referral for assessment may represent the initial encounter with paperwork for the LSH specialist. Time saved from excess paperwork during the referral process provides the LSH specialist with more direct service time for identified caseloads.

Education Code Section 56303 and *California Code of Regulations, Title 5, Education* Section 3021 require only that the written referral describe modifications, document the rationale for the referral, and inform parents of their rights, including the right to due process. However, there are practical incentives for school agencies to collect data to meet other state reporting requirements.

These data might include sex, ethnicity, grade, primary home language, foster care status, and other necessary information. In addition, school agencies may seek information for their own recordkeeping or student data collection systems, such as student number, birth date, address, parents' names, and telephone numbers. Collecting this considerable amount of data may be an ineffective and inefficient use of the LSH specialist's time. In some special education local plan areas (SELPAs), regular education staff complete the referring data as part of the culmination of the SST process. Other SELPAs use clerical staff to gather this initial data. In any case, LSH specialists and local educational agencies (LEAs) should constantly seek to streamline forms and data collection procedures to maximize the LSH specialist's ability to provide quality services.

QUESTIONS

This section of questions and answers is presented to clarify further the content in this chapter and to respond to specific concerns readers may have.

What is the difference between student identification and referral?

Identification, as defined previously, involves locating students who may need additional services and obtaining information needed to assist them. A referral is a formal written request for an in-depth assessment to determine the need for special educational services. Referral occurs after the student has been identified and after reasonable modifications of the regular school program have been considered and attempted.

The decision to identify a student as handicapped or as an individual with exceptional needs is a serious one and must be supported by adequate assessment and professional deliberation. Only after the resources of the regular program have been considered and, when appropriate, attempted, should a referral be made to explore special education services.

What is screening?

Screening is a rapid, informal observation of a student to identify possible difficulties and to suggest modifications of the regular educational program.

Is parental consent required for screening?

No. Since screening is part of the regular educational process, parental consent is not required.

Can individual students be screened?

Yes. Individual students can be screened to ascertain whether modification of the regular school program is warranted. Screening of an individual student does not constitute referral to special education.

What instruments can be used in screening?

Screening consists of formal and informal observations of student performance in a variety of structured and unstructured situations to provide information that can be used in the regular classroom.

How much time should screening take?

Screening is not designed to be a definitive analysis of a student's strengths and weaknesses and should not take more than 10 to 20 minutes. If in-depth special education assessment is required, the student must be referred to special education.

Is screening used in determining eligibility?

No. While results from screening might be used to determine whether a referral for assessment is necessary, student eligibility for special education can be determined only through a formal referral and assessment and an IEP team meeting.

What is done with the results of the screening information?

Screening results may be shared with the instructional staff, the SST, and the parent. If a subsequent referral is made, screening information may be used in the assessment process.

Any student who resides within the school community may be identified and referred for assessment.

When can screening occur?

Screening may occur whenever a staff member or a parent seeks information to modify the regular education program to facilitate student progress.

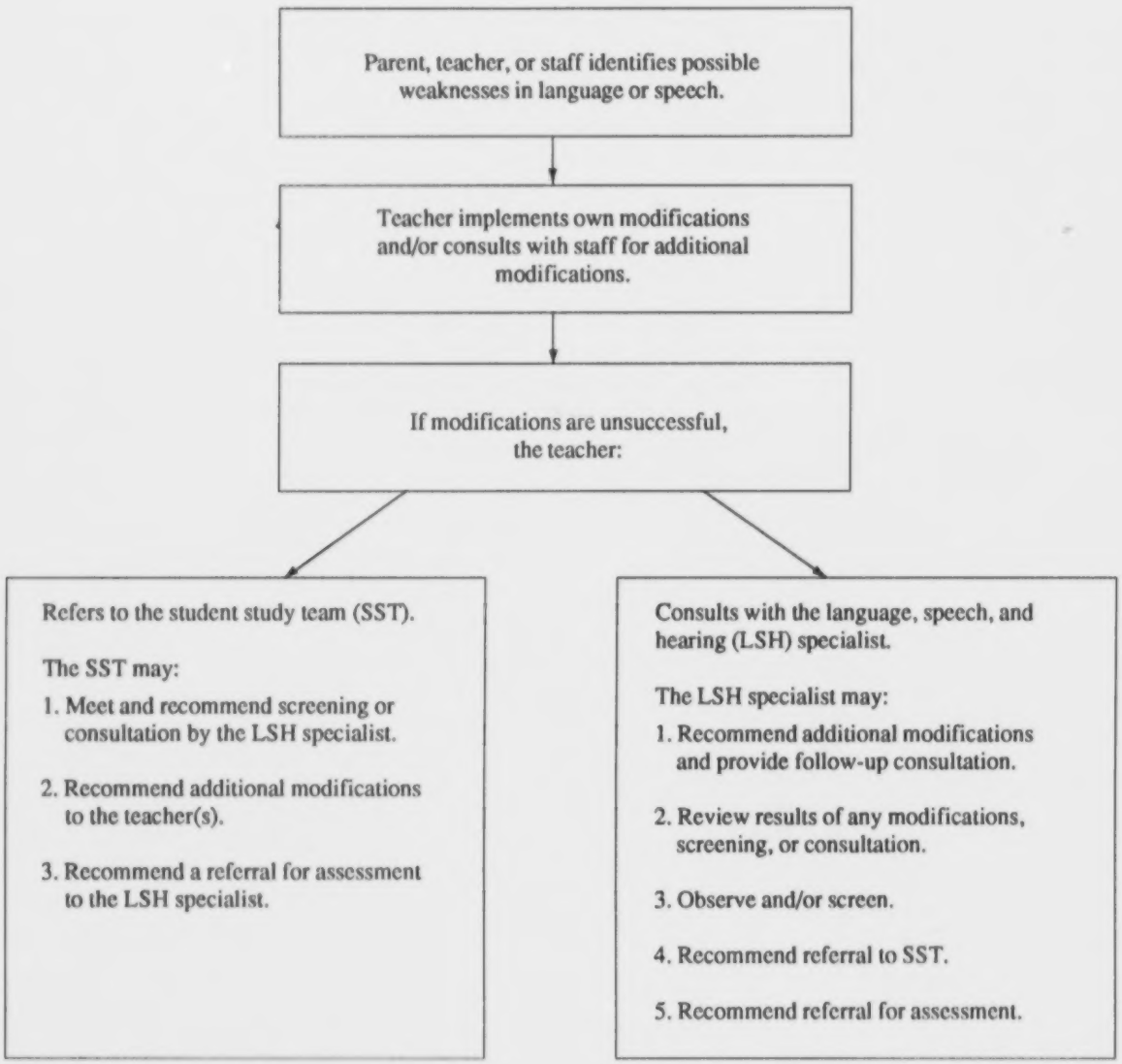
What if the parent directly requests a referral? Are modifications of the regular program still necessary?

A direct parental referral must be accepted, but, by law, eligibility for special education and placement cannot occur without consideration of modifications, as appropriate, to the student's regular program.

If a private school student is identified, is the public school responsible for referral, assessment, and possible placement?

Yes. Any student who resides within the school community may be identified and referred for assessment. The same process should be used for preschool, private school, and parochial school students as is used for public school students. When a nonpublic school student is considered by the SST, the student's principal and teacher from the nonpublic school as well as the parents should attend the SST meeting.

Fig. 1. Identification and Referral Flowchart


Parent, teacher, or staff identifies possible weaknesses in language or speech.
Teacher implements own modifications and/or consults with staff for additional modifications.
If modifications are unsuccessful, the teacher:
Refers to the student study team (SST).
The SST may:
1. Meet and recommend screening or consultation by the LSH specialist.
2. Recommend additional modifications to the teacher(s).
3. Recommend a referral for assessment to the LSH specialist.
Consults with the language, speech, and hearing (LSH) specialist.
The LSH specialist may:
1. Recommend additional modifications and provide follow-up consultation.
2. Review results of any modifications, screening, or consultation.
3. Observe and/or screen.
4. Recommend referral to SST.
5. Recommend referral for assessment.

CHAPTER TWO

Assessment Process

In this chapter assessment as part of the entire educational process is discussed. The following aspects of assessment are examined: essential elements of the assessment process, responsibility for assessment, alternative means of assessment, and assessment of language minority and dialect-speaking students. This chapter concludes with questions and answers that deal with readers' special concerns about assessment of students whose primary language is other than English.

Essential Elements of the Assessment Process

Assessment is conducted to gather essential data used to (1) identify areas of strength and weakness; (2) establish eligibility for speech and language services; and (3) develop an individualized education program (IEP).

If, after assessment, a student is found to be ineligible for language and speech services, the teacher can use the assessment data to supplement the regular classroom program.

Legal Time Lines

Legal time lines begin with the referral for assessment. Parents must be notified of the referral and provided with an assessment plan within 15 days of the referral. Parents have an additional 15 days to decide whether to give or withhold consent to the proposed assessment. Staff members from the local educational agency (LEA) or special education local plan area (SELPA) then have 50 days to conduct an assessment and develop an IEP. (See Figure 2, "Procedural Time Lines," on page 12.)

Referral for Assessment

A written referral for a speech and language assessment must be obtained and included in the student's record. This referral may be initiated by a parent, an outside agency, or the student study team (SST).

A pupil's log may be used to document the referral, with the date of referral specified and initialed by the language, speech, and hearing (LSH) specialist.

Assessment Plan

Education Code Section 56320(f) states that "the pupil is assessed in all areas related to the suspected disability...." The components of the assessment plan should include (1) a description of the areas to be assessed; (2) the reason for the assessment; (3) personnel who will conduct the assessment; (4) the primary language of the child;

(5) the language proficiency status of the child; (6) alternative means of assessment; (7) any recent or independent assessments; and (8) parental consent.

The assessment plan requires a description of the areas of speech and language to be assessed, the reason for the assessment, and the names of the personnel who will conduct the assessment. The results of the initial screening should be used to identify the specific areas of speech and language to be addressed. The primary language as well as the language proficiency status of the student must be specified on the assessment plan. Current school records should be used to assist in identifying the student's primary language. The written assessment plan must be provided to the parents in their primary language (*Education Code* Section 56321[b][2]). Written parental consent is required before assessment begins. Any recent assessments or independent assessments should be included on the plan and considered when assessment results are reviewed.

If standardized assessment instruments are invalid for a particular student, alternative means of assessment must be identified.

Assessment Procedures

A minimum of two assessment sources must be used to determine the type and severity of the student's language and/or speech handicap. Alternative means of assessment must be used when instruments are invalid or unavailable for a particular student and include, but are not limited to, the use of criterion-referenced tests, behavioral observations, and a structured interview. (See "Structured Interview [Sample Questions and Tasks]," which appears on page 65 in Appendix I.)

Data should be gathered in all areas of suspected disability either through the administration of standardized tests or criterion-referenced tests or through the observation of a student's speech or language performance. Obtaining a language sample is a comprehensive way of determining communicative competence. The language sample must be recorded, transcribed, and analyzed. (See "Suggested Language Sample Collection Techniques," on page 67, in Appendix I.)

Assessment Personnel

"The assessment shall be conducted by persons competent to perform the assessment . . . ." (*Education Code* Section 56322). In cases where the student is suspected of having a handicap requiring only designated instruction and services (DIS) speech/language services, the assessment may be conducted solely by the LSH specialist (*Education Code* Section 56333). Other knowledgeable personnel (for example, parents or teachers) must participate in the interpretation and discussion of test results. This discussion may occur at the IEP meeting. If the LSH specialist does not speak the primary language of the student, a trained interpreter or translator must assist in collecting the data.

Assessment Report

When the assessment has been completed, a written report must be made which should be comprehensive and clearly understandable; but it does not need to be lengthy. The purpose of the assessment report is to provide (1) assessment results; (2) data for determining a student's eligibility for a program; (3) recommendations for instruction or services; and (4) information regarding speech and language needs of the student.

The assessment report should describe the student's functioning levels in all areas of speech and language, including morphology, semantics, pragmatics, and syntax. Articulation, voice, and fluency should also be addressed. In addition, the assessment report includes the following information:

1. Date(s) of assessment
2. Names of tests and scores, test interpretation, and summary statement
3. Pertinent background information
4. Educational and social impact of speech and language disorders and, as appropriate, the effects of environmental, cultural, or economic disadvantages
5. Specialized materials, equipment, and services (for students with low-incidence disabilities)
6. Recommendations

The assessment report need not reiterate the data included in the psychoeducational report. A reference to the psychoeducational report is sufficient if a copy of the report is in the file. If a multidisciplinary assessment has been completed, separate assessment reports may be written; or the assessment team may develop one report which should be signed by all assessment personnel.

Alternative means of assessment are necessary whenever a concern exists about the validity of the test.

Annual Review

Providing annual assessment or assessment reports is not recommended, even when annual reviews of IEPs occur. A complete assessment not only takes a great deal of time but also can affect the validity of the tests used since the instruments may be memorized after repeated administrations. Written progress reports are encouraged instead.

Triennial (Three-year) Assessment

If a student continues to demonstrate a speech or language disorder after receiving special education and related services for three years, an assessment must be conducted. As with the first assessment, written parental permission must be obtained prior to the next assessment; and all areas of suspected disability must be evaluated.

The following steps are to be completed in conducting a triennial (three-year) assessment:

1. Identify specific areas of deficit.
2. Complete an assessment plan.
3. Obtain written parental consent.
4. Complete the assessment and write the assessment report.
5. Conduct the IEP meeting to discuss continuing eligibility, and, when necessary, develop new or additional goals and objectives.

Responsibility for Assessment

If the parent has obtained an independent assessment from a hospital, clinic, or other agency, staff members from the local school have certain responsibilities. The results from an independent assessment must be considered in the local school's assessment report. If local school personnel agree with the results of the report from the outside agency, a second assessment need not be conducted by the LEA. An IEP may be developed based on the data from the outside agency. However, the handicapping condition and summary statement in the report from an outside agency should be examined carefully. Private agencies may not be aware of the state's criteria for determining a speech or language handicap. For example, students who are functioning between 1.0 and 1.5 standard deviations below age level are not considered communicatively handicapped according to state criteria; yet these students may be labeled "moderately disordered" by a private agency. The LEA or SELPA should provide local hospitals and clinics with descriptions of state speech and language program eligibility requirements to assist in the proper identification of handicapping conditions.

The language, speech, and hearing specialist has certain responsibilities regarding private schools, parochial schools, or nonpublic schools. The LSH specialist is responsible for assessing individuals between birth and twenty-one years of age who are referred and who reside in the school's attendance area, regardless of where the student attends school or whether he or she is enrolled in other than a public school. Parochial school students may be assessed and served on public school grounds. The LSH specialist may request that any referred individual come to the local public school during the identified work day for an assessment and/or to receive special education services.

Alternative Means of Assessment

Alternative means of assessment are necessary whenever a professional concern exists about the validity of the test for a particular child. A standardized test may not be measuring what it purports to measure; it may not reflect the full reality of the child's functioning. Generally, any disparity between a child's performance and the comparative norming sample will cause the results to be invalid.

Some frequently occurring conditions necessitating alternative means of assessment are:

1. A student is culturally, linguistically, environmentally, or experientially different.
2. A student has substantial physical or peripheral sensory impairments, including vision and hearing impairments.
3. A student's behavior unduly interferes with the evaluation (fatigue, lack of alertness, hyperactivity, or poor attitude cause problems).

Assessment of Language Minority and Dialect-speaking Students

California has a growing language minority population. As of April, 1988, there were 670,314 limited-English-proficient (LEP) students in our public schools in kindergarten through grade twelve. The LSH specialist often has to determine whether or not an LEP pupil is com-

municatively handicapped. This difficult determination requires teamwork by all of those involved in the educational process. The LSH specialist can be a valuable member of the student study team (SST) and assist it in distinguishing students who may actually have a speech or language disorder from those who are experiencing linguistic deficits caused by slow second language acquisition or limited school experiences. A complete speech and language assessment is not always necessary to make this preliminary distinction. The screening process is recommended as a first step. In schools where special education and regular education personnel meet to address curriculum issues and where the SST is functioning effectively, inappropriate referrals of language minority students for special education assessment would decrease. Students who are at risk as future dropouts or who have not had consistent educational opportunities (that is, students who have alternated between languages of instruction) should not be mislabeled as handicapped.

Student Classified as Fluent-English Proficient (FEP)

The FEP classification means that the student has achieved a basic level of English fluency and should be able to benefit from English instruction. Assessment may be conducted in English. However, the classification of FEP does not mean that the student is English dominant; that is, FEP does not mean that the student functions better in English than in his or her primary language. Assessment in the student's primary language may still be necessary.

Student Classified as Limited-English Proficient (LEP)

The LEP classification means that the student does not possess sufficient English language skills to benefit from instruction only in English without support; for example, English language development or bilingual education.

Determination of a speech or language disorder must be based on data derived from the student's linguistic functioning level in his or her primary language. A student may not be identified as language disordered solely on the basis of lack of familiarity with English. An LEP student must be assessed in his or her primary language. However, baseline data regarding English language performance are also necessary. This information will assist in the development of appropriate educational plans.

Student Classified as English Only (EO)

The English only (EO) classification is used when certain members of a family speak a language other than English, but the student speaks only English. These students are most appropriately assessed in English because their fluency in another language is minimal.

QUESTIONS

This section of questions and answers is presented to respond to readers' special concerns about assessment of students whose primary language is other than English.

Why is an assessment in the student's primary language necessary?

A speech and language disorder implies that a problem exists in a student's production, comprehension, or use of language as a symbolic tool. The individual has not internalized the words or the linguistic rules in his or her oral language environment. A student who is from a non-English-speaking background will undoubtedly lack knowlege of the words and rules of the English language. However, if the student is able to communicate effectively in his or her primary language, the student is not considered speech or language disordered. Although the student may need to develop effective communication skills in English, the term *language disordered* does not apply. To determine the extent to which the student has gained linguistic information and has internalized linguistic rules, an assessment must be conducted in his or her primary language.

The LSH specialist does not need to identify students who do not speak English as being handicapped for them to receive needed speech and language services. The LSH specialist should be a member of the total school team, working with teachers and other support staff to provide diagnostic, consultative, and other services to communicatively competent students who do not speak English.

How does the school identify the primary language of a student?

Three methods are used to identify the primary language of a student:

1. Examine the "Home Language Survey." This form is completed for all students who register in a California school. If the parent has indicated on the "Home Language Survey" that a language other than English is used in the home, oral language proficiency tests must be conducted.
2. Locate oral language proficiency test scores. Tests currently administered by regular education per-

Assessment must be conducted in the student's primary language.

sonnel to test oral language proficiency include *Language Assessment Scales* (*LAS*), *Bilingual Syntax Measure* (*BSM*), *Idea Proficiency Test* (*IPT*), and *Quickstart Language Proficiency Test.*

3. Determine the student's oral language proficiency classification, which can be identified as fluent-English proficient (FEP), limited-English proficient (LEP), and English only (EO).

In which languages should the speech and language assessment be conducted?

Assessment must be conducted in the student's primary language. Once the oral language proficiency of the student has been classified, the process of identifying the primary language for assessment is easier.

What are the steps to follow if the language, speech, and hearing specialist does not speak the primary language of the student?

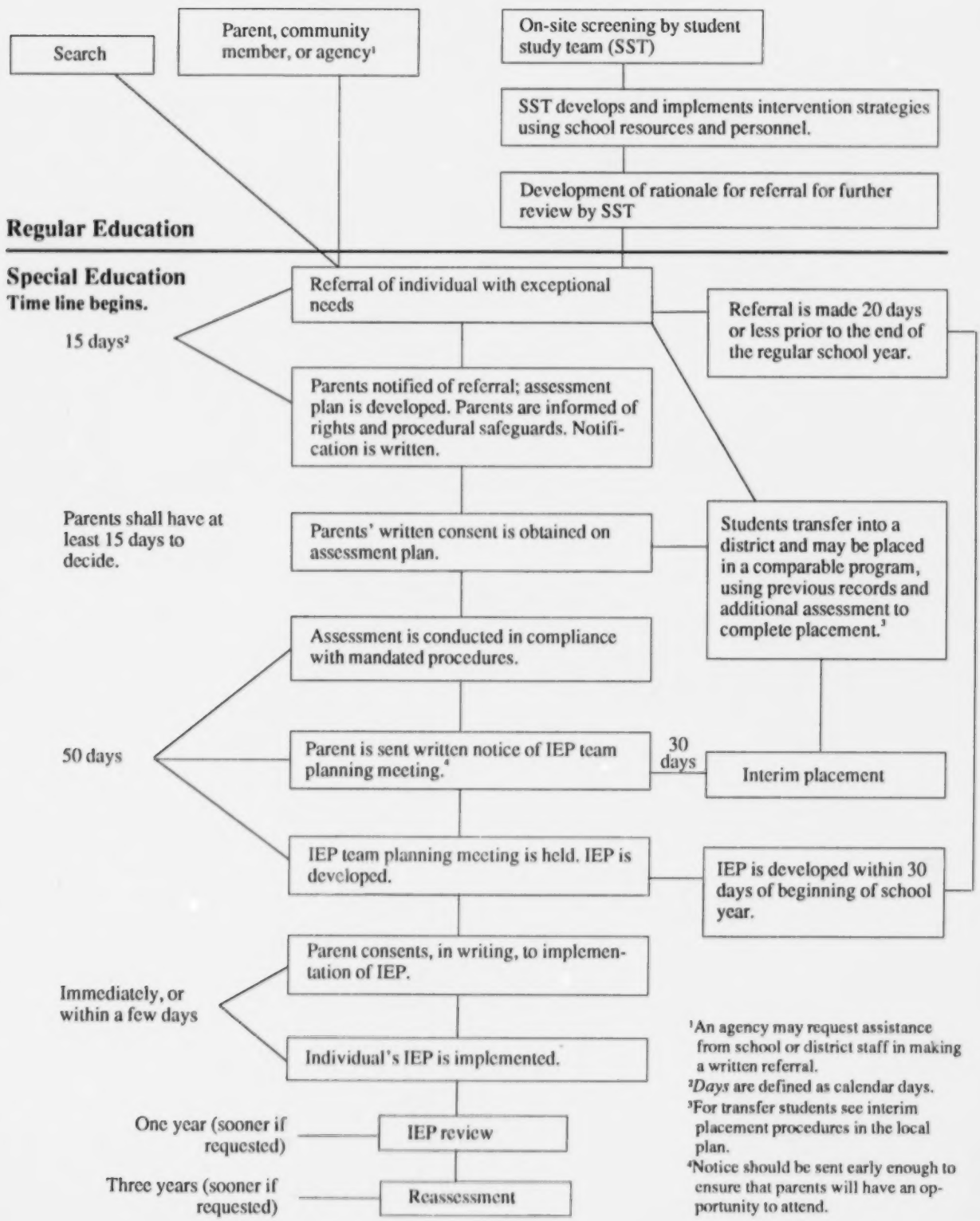
The LSH specialist may employ several strategies to determine whether a speech or language disorder exists if he or she does not speak the primary language of the student. These steps include:

1. Using services of a trained bilingual interpreter or translator to administer tests in the student's primary language.
2. Developing and using questionnaires to determine specific linguistic competencies; for example, ability to follow three-part directions, to understand a joke or proverb, or to paraphrase a three-paragraph story. Although these questionnaires are not standardized, valuable information regarding primary language functioning may be obtained. Over time, the LSH specialist will be able to compare students from similar linguistic and cultural groups and make appropriate decisions related to communicative competence.
3. Having discussions with parents and school personnel regarding the student's language and speech performances.

Informal translation of English language instruments is not a recommended practice since linguistic and dialectic variations severely affect the validity of translated language tests.

Fig. 2. Procedural Time Lines

(Identification, Screening, Referral, Assessment, Instructional Planning, Implementation, and Review)


Search
Parent, community member, or agency[1]
On-site screening by student study team (SST)
SST develops and implements intervention strategies using school resources and personnel.
Development of rationale for referral for further review by SST
Regular Education
Special Education
Time line begins.
15 days[2]
Referral of individual with exceptional needs
Referral is made 20 days or less prior to the end of the regular school year.
Parents notified of referral; assessment plan is developed. Parents are informed of rights and procedural safeguards. Notification is written.
Parents shall have at least 15 days to decide.
Parents' written consent is obtained on assessment plan.
Students transfer into a district and may be placed in a comparable program, using previous records and additional assessment to complete placement.[3]
Assessment is conducted in compliance with mandated procedures.
50 days
Parent is sent written notice of IEP team planning meeting.[4]
30 days
Interim placement
IEP team planning meeting is held. IEP is developed.
IEP is developed within 30 days of beginning of school year.
Parent consents, in writing, to implementation of IEP.
Immediately, or within a few days
Individual's IEP is implemented.
One year (sooner if requested)
IEP review
Three years (sooner if requested)
Reassessment

[1]An agency may request assistance from school or district staff in making a written referral.

[2]*Days* are defined as calendar days.

[3]For transfer students see interim placement procedures in the local plan.

[4]Notice should be sent early enough to ensure that parents will have an opportunity to attend.

CHAPTER THREE

Eligibility for Special Education

This chapter contains a discussion of the eligibility for special education of students with communicative disorders. Topics that will be addressed are the criteria for determining eligibility, definitions of eligibility, eligibility criteria for students with language and speech disorders and for special populations such as preschool children and limited-English-proficient (LEP) students, and strategies for use of the criteria. This chapter concludes with a section of questions and answers that provide detailed information about determining students' eligibility for special education.

Criteria for Determining Eligibility

The language, speech, and hearing (LSH) specialist identifies students with significant communicative disorders. The individualized education program (IEP) team determines students' eligibility for special education and related services on the basis of the legal requirements of the *California Code of Regulations, Title 5, Education*, sections 3030(c) and 3031(a) and (b) and *Education Code* Section 56441.11. (See "Eligibility Criteria for Speech and Language Disorders," on page 69, and "Eligibility Criteria for Individuals with Exceptional Needs, Aged Birth to Four Years Nine Months," on page 71, in Appendix I.)

The LSH specialist must have a thorough understanding of eligibility criteria. Decisions made regarding eligibility are critical because they are closely related to issues in assessment, placement, and caseload management. For example, test selection, assessment procedures, and interpretation of assessment results affect decisions made regarding eligibility. Students who meet the eligibility criteria for special education and related services may or may not be placed in those programs, depending on the decision of the IEP team. Finally, the number of students served on the LSH specialist's caseload will be affected by the application of the eligibility criteria.

Definitions of Eligibility

Speech and language disorders and impairments are defined in federal and state laws. *Education Code* Section 56333 describes speech or language impairments in articulation, voice, fluency, language development, and hearing impairment. The definition of *speech impaired* at the federal level appears in 34 *CFR* Section 300.5(b)(10). (See "Definitions of Eligibility," on page 20.)

Eligibility Criteria for Students with Speech and Language Disorders

This section highlights the key points of the eligibility criteria in the areas of articulation, voice, fluency, and language and contains a discussion of each area.

Articulation Disorder: *California Code of Regulations, Title 5, Education*, Section 3030(c)(1)

The key points for determining eligibility in the area of articulation are whether the student displays the following behaviors:

1. Single or multiple production errors on a developmental scale of articulation competency
2. Errors in articulation that are below expectations for chronological age or developmental level
3. Misarticulations which interfere with communication and attract adverse attention
4. Reduced intelligibility or an inability to use the speech mechanism

Factors to be considered include the following:

1. The articulation disorder adversely affects educational performance.
2. Production errors caused by the developmental acquisition of speech, dialectical differences, or unfamiliarity with the English language may not indicate an articulation disorder.
3. Students demonstrating an abnormal swallowing pattern without a corresponding articulation disorder are not eligible for services.
4. The LSH specialist may determine the age range of mastery for speech sounds, whether to compare the student's skills with his or her chronological age or developmental level, and what degree of delay constitutes an articulation disorder.
5. Students who demonstrate reduced intelligibility caused by apraxia, dysarthria, or production errors occurring primarily in spontaneous speech may be eligible.

Abnormal Voice: *California Code of Regulations, Title 5, Education*, Section 3030(c)(2)

The key point for determining eligibility in the area of voice is whether the student has an abnormal voice "characterized by persistent, defective voice quality, pitch, or loudness." The abnormal voice is noticeable to both familiar and unfamiliar listeners, interferes with communication, is noticeable over a long period of time, and is inappropriate for the student's age and/or sex. A laryngeal examination may be a prerequisite to voice therapy.

Fluency Disorders: *California Code of Regulations, Title 5, Education*, Section 3030(c)(3)

The key point for determining eligibility in the area of fluency is whether "the flow of verbal expression, including rate and rhythm, adversely affects communication between the pupil and listener."

Factors to be considered in this area include the following:

1. The fluency disorder may be characterized by involuntary disruptions, including blocks, repetitions, and prolongations.
2. A certain degree of normal nonfluent behavior may characterize the speech of very young children. In this case, periodic monitoring and parent education may be more appropriate than direct intervention would be.

Language Disorder (Language Development): *California Code of Regulations, Title 5, Education*, Section 3030(c)(4)(A)

The key point for determining eligibility in the area of language is whether "the pupil scores at least 1.5 standard deviations below the mean, or below the seventh percentile, for his or her chronological age or developmental level on two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics." Analysis of this first criteria option indicates that:

1. Two or more standardized tests must be administered.
2. The student must achieve scores at least 1.5 standard deviations below the mean or below the seventh percentile on both standardized tests in at least one area of language development.
3. Areas of language development to be tested are morphology, syntax, semantics, and pragmatics.
4. Scores can be interpreted by using either the student's chronological age or developmental level, depending on which is more appropriate.

Language deficits resulting from unfamiliarity with the English language do not indicate the need for remediation in special education programs.

5. No language sample is required, but completion of a language sample is strongly recommended.

Language Disorder (Expressive or Receptive Language): *California Code of Regulations, Title 5, Education*, Section 3030(c)(4)(B)

The key points for determining eligibility in the area of language are whether the pupil:

1. "Scores at least 1.5 standard deviations below the mean or the score is below the seventh percentile for his or her chronological age or developmental level on one or more standardized tests in one of the areas listed in subsection (A) and
2. "Displays inappropriate or inadequate usage of expressive or receptive language as measured by a representative spontaneous or elicited language sample of a minimum of 50 utterances."

Analysis of this second criteria option indicates that:

1. A language disorder exists that adversely affects educational performance.
2. One or more standardized tests must be administered.
3. The student must achieve scores at least 1.5 standard deviations below the mean or below the seventh percentile on one or more standardized tests in at least one area of language development.
4. Areas of language development to be tested include morphology, syntax, semantics, and pragmatics.
5. Scores can be interpreted using either the student's chronological age or developmental level, depending on which is more appropriate.
6. A language sample consisting of at least 50 utterances must be completed. The sample may be elicited or spontaneous. (See "Suggested Language Sample Collection Techniques" on page 67, in Appendix I for both formal and informal techniques that may be used for collecting elicited and spontaneous language samples.)
7. Once the language sample has been collected, one must record or transcribe the sample and then analyze it. The results must be included in the assessment report. Documentation of the language sample in the report might contain statements describing:
   a. Number of utterances collected
   b. Communicative environments sampled
   c. Elicitation techniques
   d. Mean length of utterance (MLU)
   e. Mean length of response (MLR)
   f. Student's oral use of syntax and morphology
   g. Language content
   h. Degree of deficit demonstrated
8. Some students with profound expressive difficulties will be unable to produce the minimum language sample. In such cases the LSH specialist must document the attempts to elicit a full sample and explain why obtaining a 50-utterance sample was not possible.
9. When eligibility is being determined, under either option given in Section 3030(c)(4)(A) or (B), the regulations also allow an alternative assessment procedure to be used when it is believed that results from standardized tests would be invalid. Usually, the LSH specialist will be aware of this contingency before developing the assessment plan; and the alternative means would be already included in the plan. If, however, the LSH specialist determines while testing the student that results from standardized tests would be invalid, the parent(s) would have to approve of the alternative procedure before the assessment could continue.
10. Language deficits resulting from unfamiliarity with the English language and from environmental or cultural factors are not indicative of the need for remediation in special education programs.

Eligibility Criteria for Infants Birth to Three Years of Age

Pursuant to *California Code of Regulations, Title 5, Education*, sections 3030 and 3031(a)(2)(A),(B), or (C), each LEA/SELPA is responsible for identifying and assessing from birth individuals with exceptional needs. (See "Eligibility Criteria for Individuals with Exceptional Needs, Aged Birth to Four Years Nine Months," on page 71, in Appendix I.) The LEA/SELPA may not be obligated to provide services unless mandated by *Education Code* Section 56425.

Eligibility Criteria for Individuals Three to Five Years of Age

Education Code Section 56026(c)(2) establishes three options for preschool-aged children, three to five years of age, inclusive, to be identified as individuals with exceptional needs:

1. Meeting the requirement for intensive special education, as specified in the *California Code of Regulations*, sections 3030 and 3031
2. Meeting the requirement of *Education Code* Section 56441.11
3. Meeting the requirements for five-year-olds through either the *California Code of Regulations* Section 3030 or *Education Code* Section 56441.11(c)(3)(4)

Preschool Criteria, Option 1: *California Code of Regulations, Title 5, Education*, sections 3030 and 3031

To be eligible for special education services, a preschool child must:

1. Meet one or more of the criteria in the *California Code of Regulations*, Section 3030, and
2. Have a handicapping condition that requires intensive special education and services, as defined by one of the three following criteria described in the *California Code of Regulations* Section 3031(a)(2)(A), (B), and (C):
   a. The child functions at or below 50 percent of his or her chronological age in one or more areas of development.
   b. The child functions between 51 percent and 75 percent of his or her chronological age in two or more areas of development.
   c. The child has a disabling medical condition or congenital syndrome that the IEP team determines to have a high predictability of requiring intensive special education and services.

The factors to be considered are:

1. The five skill areas, which are gross or fine motor development, receptive or expressive language development, social or emotional development, cognitive development, and visual development
2. Test scores and observations that may be converted into developmental-age equivalents and compared with the child's chronological age to determine the degree of delay (See "Infant and Preschool Developmental Age Equivalents," on page 73, in Appendix I.)
3. Certain medical conditions or congenital syndromes having a high predictability for requiring intensive special education and services

Preschool Criteria, Option 2: *Education Code Section* 56441.11

To be identified as an individual with exceptional needs, as stated in *Education Code* Section 56441.11, the child must meet one of the following:

1. The eligibility criteria set forth in any one of the following subdivisions of the *California Code of Regulations* Section 3030 (a through i): (a) hearing impairment, (b) deaf-blind,(c)(2) abnormal voice, (c)(3) fluency disorders, (d) visual impairment, (e) orthopedic impairment, (f) other health impaired, (g) autistic behavior, (h) mental impairment, and (i) serious emotional disturbance.
2. The eligibility criteria for a learning disability as stated in *Education Code* Section 56441.11(c)(2), which states:

   > (2) They have a disorder in one or more basic psychological processes involved in understanding or using language as defined in paragraph (1) of subdivision (j) of Section 3030 of the [*California Code of Regulations, Title 5, Education*], as it read on May 1, 1987, which may manifest itself in an impaired ability to listen, think, speak, or develop preacademic skills. They have a discrepancy of at least 25 percent between their cognitive development and their development in one or more of the following areas: gross or fine motor, receptive language, expressive language, and school readiness. School readiness includes those skills that lead to the ability to read, write, spell, do mathematical calculations, and understand or use spoken language. The decision as to whether or not a discrepancy exists shall be made by the individualized education program team.

3. The eligibility criteria for an articulation disorder, as stated in *Education Code* Section 56441.11(c)(3), which states:

Most existing tests are not standardized for students from non-English-speaking backgrounds.

> (3) They have an articulation disorder displaying reduced intelligibility or an inability to use the speech mechanism that significantly interferes with communication and attracts adverse attention. Significant interference occurs when the child's developmental scale of articulation competency is six months or more below that expected for his or her chronological age or developmental level.

4. The eligibility criteria for a language disorder, as stated in *Education Code* Section 56441.11(c)(4), which states:

> (4) They have a language disorder that results in a significant delay in their language development. A significant delay occurs when one area of the child's language development is at least 25 percent below his or her chronological age or developmental level. Areas of language development include receptive and expressive language in the areas of phonology, morphology, syntax, semantics, and pragmatics.

Preschool Criteria, Option 3: *California Code of Regulations, Title 5*, Section 3030 (a through j) and *Education Code* Section 56441.11

Five-year-olds may meet the requirement of *Education Code* Section 56441.11, as described under "Preschool Criteria, Option 2," or they may meet the requirements of the *California Code of Regulations* Section 3030(a through j): (a) hearing impaired, (b) deaf-blind, (c) language or speech disorder, (d) visual impairment, (e) orthopedic impairment, (f) other health impaired, (g) autistic behavior, (h) mental impairment, (i) serious emotional disturbance, and (j) learning disability.

Eligibility Considerations for the Limited-English-Proficient Student

Most existing tests are not standardized for students from non-English-speaking backgrounds. Since the test norms are not appropriate, test results are usually reported as patterns of strength and weakness, and an analysis of items is missed. For LEP students the usual requirements of a speech and language report may also include the following:

1. Results of current language dominance testing
2. Impact of language, cultural, environmental, and economic factors on learning
3. Alteration of standardized tests and techniques
4. Statement of the limitations of any nonverbal testing, if used
5. Level of language proficiency in a language other than English and its effect on results
6. Use of an interpreter, his or her training, and the effect on test results and overall assessments
7. Cross-validation of test-based and nontest-based measures
8. Consideration of the second-language acquisition process and its relationship to the possible handicapping conditions

School professionals usually rely heavily on test scores. However, eligibility cannot be determined on the basis of invalid test scores.

For this type of student, less emphasis on test scores and more on professional judgment must be used until appropriate tests are developed. Meanwhile, the IEP team should consider all assessment areas. The "Checklist of Eligibility Guidelines for Non-English Background Students" (see page 75 in Appendix I) may be used by the IEP team to aid in determining an LEP student's eligibility for special education and related services.

Strategies for Use of the Criteria

Completing a diagnostic assessment in speech and language and determining eligibility for special education services is a time-consuming process. There are, however, certain practices that will assist the LSH specialist in applying the eligibility criteria in an effective and efficient manner. Some of these practices are discussed in the paragraphs that follow.

A Districtwide Assessment Battery

A districtwide assessment battery should be developed. If the LSH/DIS staff can reach a consensus on tests to be administered and procedures to be used for analyzing a language sample, services will be well defined and consistent throughout the district. Standardized tests selected should provide normative data for standard deviations and percentile ranks in all four areas of language development at both the receptive and expressive levels.

Portions of the language sample can be collected through the use of standardized tests.

Age of Acquisition Range for Speech Sounds

An age of acquisition range for speech sounds should be determined. When the majority of the LSH/DIS staff agrees that a specific speech sound should be mastered within a given age range, the decision is then clear as to whether the student's articulation skills are within or below the chronological age or developmental level of functioning.

Chronological Age Level and Developmental Level

Guidelines are needed to determine a student's chronological age level and developmental level. The LSH specialist must decide whether to compare scores achieved on standardized tests with the student's chronological age level or developmental level. Once again, when agreed-on guidelines exist, the consistency of decisions concerning a student's eligibility for special education services within the district will improve. For children from birth to five years old, developmental assessments and observations may be appropriate.

Severity Rating Scale

A severity rating scale should be developed. When results of the findings from the assessment of the disorder are assigned appropriate levels of severity (for example, mild, moderate, or severe), eligibility criteria, caseload selection, and service delivery can be correlated. For example, if a student scores 1.5 standard deviations below the mean for his or her chronological age level on two standardized tests in one area of language development and the language disorder interferes with his or her educational performance, the student is eligible for special education services. These results indicate a moderate language disorder, and direct service in an LSH/DIS program might be recommended. (For developing a severity rating scale and recommended resources for assistance, see Form 1, "Speech and Language Assessment, Secondary Level," on page 77; "Developing a Severity Rating Scale and Minimum Contact Schedule," on page 79, in Appendix I; and "Resources for Severity Rating Scales," on page 51, in Appendix G.)

Language Sample

Portions of the language sample can be collected through the use of standardized tests. When certain tests or subtests are administered, portions of the language sample can be collected in addition to obtaining the standardized test scores required by law to determine eligibility. Although this strategy may save time, its use requires caution. Repeated administration of the same tests can affect their validity, and a language sample gathered in this manner may not be truly representative of the student's language.

QUESTIONS

This section of questions and answers provides detailed information about determining student's eligibility for special education.

Are the regulations for speech and language eligibility criteria primarily identifying mildly handicapped students?

No. The children served by LSH specialists, as defined by PL 94-142 and the *California Education Code*, are significantly handicapped. Their specific articulation, voice, fluency, and/or language disorders affect their overall educational performance and cannot be corrected without special education and related services. Individuals, aged three to five years, inclusive, have specific eligibility criteria listed in *Education Code* Section 56441.11.

How does the IEP team determine whether the speech and/or language disorder adversely affects the student's educational performance?

> The meaning of "educational performance" cannot be limited to showing discrepancies of age/grade performance in academic subject-matter areas. The extent of a child's mastery of the basic skill of effective oral communication is clearly includable within the standard of "educational performance" set by the [PL 94-142] regulations. Therefore, a speech or language impairment necessarily adversely affects educational performance when the communication disorder is judged sufficiently severe to require the provision of speech [-language] pathology services to the child.*

The impact of a speech and language disorder on a student's academic, social, emotional, and vocational functioning may be determined by examining the results of academic assessment; interviewing family members,

*Stan Dublinske, "Action: School Services," *Language, Speech, and Hearing Services in Schools*, Vol. 20, No. 1 (January, 1989), 108.

teachers, and peers; maintaining anecdotal records; and questioning the student directly about his or her speech and language problems.

What if the student cannot be assessed through the use of standardized tests to determine his or her eligibility?

If the results from standardized tests might be invalid, alternative assessment procedures such as observations, checklists, criterion-referenced tests, and modifications of standardized tests may be used. Prior to a student's assessment, these alternative procedures must be included in the assessment plan and have the consent of the student's parents.

Must the student have at least an average intellectual potential to meet the eligibility criteria?

Previous regulations governing "severe disorders of language, including aphasia," stated that a credentialed or licensed educational psychologist must determine that the student's condition is not caused by low intellectual ability. Current language eligibility criteria no longer contain this requirement.

If a student is eligible for special education programs under the language criteria, should he or she be recommended for placement in a language, speech, and hearing/designated instruction and services (LSH/DIS) or in a special day class/communicatively handicapped (SDC/CH) program?

The IEP team is responsible for determining the least restrictive environment for implementing the student's IEP. An LSH/DIS or SDC/CH program may or may not be the appropriate choice. Local guidelines relating to special education placement may exist and, if so, should be considered by the IEP team.

Are the criteria for LSH/DIS and SDC/CH programs the same?

Yes. However, placement decisions are made by the IEP team, not mandated by criteria. If a student is eligible under any handicapping category and in need of special education services, the entire continuum of program options may be considered by the IEP team.

If the student meets the criteria for any handicapping condition, is it also necessary for him or her to meet speech and language criteria to qualify for LSH/DIS placement?

No. For example, if a student meets the eligibility criteria under mental retardation and placement in a special class is recommended, that student need not meet the speech and language criteria to receive LSH/DIS as a related service. The IEP team must identify a need for speech and language remediation on the basis of the student's assessment and determine that the student needs the service to benefit from his or her educational program.

Does the student who demonstrates auditory perceptual deficits meet the language criteria?

While auditory perception (for example, auditory memory, discrimination, closure, and figure-ground skills) is not specifically listed as one of the areas of language development in the language eligibility criteria, the LSH specialist may choose to administer tests designed to measure these skills. If the student demonstrates an auditory perceptual deficit affecting receptive and expressive language skills in one or more areas of language development (for example, syntax, semantics, morphology, and pragmatics), the student may be eligible for placement according to the language criteria.

Must the eligibility criteria be met every time the student is assessed in order for the student to continue to receive service?

No. Eligibility criteria are entrance-level criteria to determine initial eligibility for special education. Determinations of eligibility are always made by the IEP team.

Is a language sample required to meet the language criteria?

No, but it is strongly recommended. Under the *California Code of Regulations, Title 5, Education*, Section 3030(c)(4)(A), at least two standardized tests must be administered to the student; but a language sample is not required. If *California Code of Regulations* Section 3030 (c)(4)(B) is applied, at least one standardized test must be given in addition to having a student complete a language sample. Since completion of a language sample is optional, local guidelines may be developed stating when the language sample would not be completed.

The language criteria refer to the administration of one or more or two or more standardized tests. Can subtests of standardized tests be administered?

Several frequently used standardized tests consist of a number of subtests. The LSH specialist may choose to administer several or all subtests of a particular standardized test. Local guidelines would be developed to determine whether individual subtests of a standardized test meet the intent of the criteria related to the definition of standardized tests.

Definitions of Eligibility

Speech and language disorders or impairments are defined in both federal and state laws. *Education Code* Section 56333 states that:

> A pupil shall be assessed as having a language or speech disorder which makes him or her eligible for special education and related services when he or she demonstrates difficulty understanding or using spoken language to such an extent that it adversely affects his or her educational performance and cannot be corrected without special education and related services. In order to be eligible for special education and related services, difficulty in understanding or using spoken language shall be assessed by a language, speech, and hearing specialist who determines that such difficulty results from any of the following disorders:
>
> (a) Articulation disorders, such that the pupil's production of speech significantly interferes with communication and attracts adverse attention.
>
> (b) Abnormal voice, characterized by persistent, defective voice quality, pitch, or loudness. An appropriate medical examination shall be conducted, where appropriate.
>
> (c) Fluency difficulties which result in an abnormal flow of verbal expression to such a degree that these difficulties adversely affect communication between the pupil and listener.
>
> (d) Inappropriate or inadequate acquisition, comprehension, or expression of spoken language such that the pupil's language performance level is found to be significantly below the language performance level of his or her peers.
>
> (e) Hearing loss which results in a language or speech disorder and significantly affects educational performance.

34 *CFR* Section 300.5(b)(10) defines *speech impaired* as "a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment which adversely affects a child's educational performance."

CHAPTER FOUR

Individualized Education Program Development

This chapter contains a discussion of guidelines for simplifying the process of developing an individualized education program (IEP) for special education and related services. Topics examined are the legislative intent of the IEP, parents' notification of the IEP meeting, the composition of the IEP team, the IEP meeting, the content of the IEP, and the annual review. A section of questions and answers appears at the end of this chapter to provide specific information about developing an IEP.

Legislative Intent of the IEP

Legislatively, the IEP was created to serve three main functions: management, communication, and accountability. A discussion of each of these functions follows:

1. *Management.* The IEP is primarily a management tool designed to ensure that each student is provided special education and related services appropriate for his or her special needs.
2. *Communication.* The IEP also states in writing the nature of the student's impairment and the educational goals and objectives for the student and serves as the agreement to provide the special education and related services needed.
3. *Accountability.* The IEP also provides verification for agencies monitoring the expenditure of public funds that either the local educational agency (LEA) or special education local plan area (SELPA) is providing all handicapped students free, appropriate education and related services, as required by federal and state laws.

Federal and state legislation procedures and services for special education students are frequently perceived as creating an excessive amount of paperwork, especially for the student who receives a single service (for example, language, speech, and hearing services only). However, it is possible to simplify the development of the IEP and still meet all of the legal requirements. Reducing the complexity of the IEP while maintaining its legal intent and effectiveness will allow the language, speech, and hearing (LSH) specialist more direct service time with students.

Parents' Notification of the IEP Meeting

The parent(s) must be notified in writing in his or her primary language and encouraged to attend the IEP meeting. The notice must include the purpose, time, location,

and names of the participants. The parent has the right to have the meeting at a mutually agreed-on time. If the parents, after written and telephone communication requesting their participation, indicate that they will not attend, the IEP meeting can be held at the scheduled time and the IEP developed. If the parents do not participate, all attempts at telephone and written contact should be documented in writing. The completed IEP must be sent to the parents for review, approval, and signature. The program cannot be implemented without written consent from one or both parents.

Composition of the IEP Team

Current law requires that an IEP team be made up of the following members:

1. An administrator or designee knowledgeable about program options
2. The pupil's teacher or a representative knowledgeable about the student's educational performance
3. Parents, a representative selected by the parent, or both
4. The pupil, if appropriate
5. Others, at the discretion of the parent or district, who possess expertise or knowledge necessary for the development of the IEP
6. Individuals who have conducted an assessment of the pupil or who are knowledgeable about assessment procedures and interpretations

For the LSH/DIS student, IEP meetings may be conducted by a team composed of the (1) administrator or designee; (2) LSH specialist as a pupil's teacher (for LSH single service only); (3) parent(s); and (4) pupil, if appropriate. Other representatives may attend at the parents' or district's discretion.

The IEP Meeting

The IEP meeting must be held within 50 days of the receipt of the parents' consent to the assessment. The meeting's purpose is to make educational decisions based on assessment results and to determine eligibility for services and content of the IEP.

An IEP team shall meet at least annually to review the pupil's progress, the goals and objectives and appropriateness of placement, and whenever any of the following occurs:

1. A student has received a formal assessment for initial placement.
2. The student's placement, instruction, services, or any combination thereof, as specified in the IEP, may be initiated, changed, or terminated.
3. The student demonstrates a lack of anticipated progress.
4. The parent or teacher requests a meeting to develop, review, or revise the IEP.

Content of the IEP

The IEP must state the nature of the student's impairment, the educational goals and objectives for that student, and the educational program and related services to be provided. Suggestions for simplifying the content of the IEP which appear in the following paragraphs address considerations for specific IEP content for the provision of language, speech, and hearing services only. (See "Resources for Computerized IEPs," on page 52, in Appendix G.)

Present Levels of Performance

Present levels of performance describes the effect of the child's handicap on the child's performance. This information is obtained from the assessment, but the use of scores alone is not sufficient. A child's performance in communicative development and social/emotional growth and the status of a child's health are assessed.

Communicative development. The components of communicative development to be assessed are:

1. *Receptive language.* The assessment involves reporting the child's developmental age and the standard score and/or percentile for receptive vocabulary, oral language comprehension and auditory reception, discrimination, and association; and describing the child's strengths or weaknesses and how this information affects the child's performance.
2. *Expressive language.* The assessment involves reporting the developmental age and the standard score and/or percentile for articulation, syntax, vocabulary, morphology, semantics, and pragmatics; and describing how this information affects the child's performance.

A direct relationship must exist between present levels of performance and the goals and objectives.

Social/emotional growth. One should note the effect, if any, of the language and speech impairment on the social and emotional growth of the pupil or the effect of the pupil's social and emotional development on the use of expressive language.

Health. Any relevant developmental history and hearing acuity information needs to be reported.

Goals and Objectives

Goals describe what the child can reasonably be expected to accomplish within a year.

Objectives, which are measurable steps between the level of performance and the goal, measure progress toward attainment of the goal. Objectives are time-referenced and contain criteria to judge success.

A direct relationship must exist between present levels of performance and the goals and objectives.

Specific Instruction and Frequency of Service

The IEP must specify the special educational program and related services that will be provided and the amount of time to be committed. For an LSH/DIS student, this information must include LSH/DIS services/consultation (type) and frequency of service (amount).

While the items listed previously are mandatory in each IEP, they need not be lengthy statements. An abbreviated statement can fulfill both the legislative intent and the legal requirements. For example:

- Twice/wk. 20 min. ea.
- 45 to 60 min. weekly sessions
- Once/wk. 15 min. w/parent or teacher; once/wk. 20 min. w/student

Participation in the Regular Educational Program

The amount of time spent in the regular educational program must be stated in the IEP. Participation in the regular educational program may be identified by the percentage of time spent in the classroom on a weekly basis and may be written in an abbreviated form (for example, "95 percent per week in class").

Date of Initiation and Duration of Services

The projected date for services to start must be given, and services should begin as soon as possible following the IEP meeting. Because the IEP must be reviewed or revised annually, the anticipated duration of services is interpreted to mean one school year or less.

Signatures of the Attendees

A listing of the names, positions, signatures, and dates of the IEP team participants who attended the meeting must appear on the IEP. The parents' signatures consenting to the IEP must also appear.

Annual Review

The IEP is reviewed annually to discuss the progress of the student and the continued appropriateness of the goals and objectives stated in the IEP. Information regarding the student's progress should be obtained by examining notes and by using criterion-referenced tests as well as teacher-made instruments. An assessment plan is not required. The same participants attend the initial and the review meetings. Goals and objectives are added as needed. Recommendations for continued services, change in service, dismissal, or additional diagnosis are made during the annual review meeting.

QUESTIONS

This section of questions and answers provides information regarding specific concerns readers may have about developing an individualized education program (IEP).

Why does an administrator need to attend the IEP meeting?

The law mandates that an administrator or designee, other than the child's teacher, who is knowledgeable of all program options be present at the meeting. The administrator may be a program specialist or an LSH specialist other than the service provider who can (1) use administrative authority to make decisions; (2) commit agency resources; (3) provide insight and support to the program; (4) encourage problem solving in a collective manner; and (5) accept ownership of special educational programs.

Must the child's regular teacher attend the IEP meeting if the child's primary handicap is speech?

No. If the child's handicap is a speech impairment only, the LSH specialist is the teacher.

Who chairs the IEP?

The administrator or designee is the obvious choice.

Who is responsible for determining the child's eligibility?

The IEP team makes this decision.

How can frequency of service be maintained when students are absent, are on field trips, or have long-term illnesses or when professionals have obligations such as assessments, IEP meetings, conferences, or illnesses?

The number of actual sessions held per week may vary. If so, documentation of the reasons for cancellation should be kept in the student's file. If a change is anticipated, this information should be included in the student's IEP.

Do computerized IEPs meet the intent of the law?

When the goals and objectives of the IEP are specific and individualized, they meet the intent of the law. Several special education local plan areas (SELPAs) are demonstrating appropriate use of computers in IEP development. (See "Resources for Computerized IEPs," on page 52, in Appendix G.)

What happens when a student with an active IEP moves into a school district ?

When a student transfers from another district that does not operate under the same local plan, the administrator may place him or her in a comparable program for no longer than 30 days. This procedure is called an interim placement. If students have moved within the local plan area, the IEP is simply implemented for its duration.

How can changes be made in a current IEP?

The IEP team must be convened whenever a change is made through a revision, addition, or deletion of a program or service. Convening the IEP team is unnecessary when techniques or methodology are modified which are not identified in the IEP.

When is it necessary to provide an interpreter's services at an IEP meeting?

An interpreter may be needed when the parents' primary language or mode of communication is other than English.

How frequently must IEP meetings be held and how long should they last?

IEP meetings to review and revise a student's program must be held periodically as necessary, but not less than annually. No length is prescribed, but sufficient time should be allowed to ensure meaningful parental participation.

CHAPTER FIVE

Requirements for and Reduction of Paperwork

This chapter contains a discussion of the legally required documentation and provides guidelines for reducing paperwork. Current paperwork procedures, reduction of number of forms, streamlined forms, and an outline of basic requirements are examined.

This chapter presents the intent and requirements of the law and provides guidelines that may be used in evaluating current paperwork procedures. The information in this chapter is recommended for use in conjunction with the special education local plan area (SELPA). A section of questions and answers at the end of the chapter provides details that educators need in order to complete paperwork appropriately. Samples of formats appear in forms two through eight, on pages 81 through 93, in Appendix I.

There has been a history of concern over the amount of paperwork required for a student placed in special education for designated instruction and services (DIS). A statewide sampling revealed a significant difference in the amount of paperwork required by local educational agencies (LEAs), often above and beyond that required by law. This sampling revealed that an average of 8 to 14 pages of paperwork were completed for each participating student. This excessive paperwork reduces the direct service time of the LSH specialist.

Current Paperwork Procedures

Each SELPA must have legal, appropriate documentation procedures. Use of identical forms and the same paperwork procedure within a service area provides continuity, particularly for students who are receiving multiple special education services.

Reduction of Number of Forms

If procedures require information that is not mandated, the number of forms may be reduced. This reduction is made possible by using the list of legal requirements contained in the paragraphs that follow, along with your professional judgment, particularly for the DIS provider. A SELPA-wide study of current paperwork may be initiated to identify and eliminate redundant or superfluous forms.

Examples of forms not required by law include:

1. Other staff and professional reports
2. Classroom behavioral checklist
3. Classroom observation forms

Alterations and additions to the forms suggested may be necessary.

4. Summary and data sheets for meetings
5. Present educational performance (beyond that reported on the IEP)
6. Behavioral report from the parents
7. Site placement form and audit trail
8. Correspondence to the parents (beyond that required by law)

A short form can be intitiated in a SELPA by following certain procedures. The legal requirements should be used to evaluate current paperwork. The positive and negative aspects of the recommendations should be clearly defined, and constructive benefits should be shown through these changes. After the service provider has become familiar with the possible options for reducing paperwork, they should be presented to the supervisor and channeled through the proper sources.

Streamlined Forms

The simplified, concise sample forms that appear in this publication are appropriate for the student who receives DIS only. These forms must include the following legal requirements: the student referral, assessment plan, assessment report, parental notification of meeting, IEP, and notice of parental rights and due process. Each of the identified requirements contains specific items which must be documented to comply with state and federal laws. (See forms two through eight in Appendix I for sample forms that reflect the legal requirements.)

Alterations and additions to the forms suggested may be necessary within any given system. For example, a language, speech, and hearing (LSH) specialist may need to supplement forms with an additional letter of notification, observations, developmental history, or an addendum to the IEP. Streamlining of forms is not meant to be restrictive, and traditional forms may be used in conjunction with streamlined forms. However, clearly differentiating between required and optional forms permits streamlining. Streamlining of required forms can decrease the cost of support services, increase direct service time to students, and improve staff morale.

Suggestions for streamlining forms are the use of:

1. A single page, including student referral, assessment plan, parental notification of the meeting, and a list of parental rights and appeal procedures on the back of the page (See Form 2, "Language, Speech, and Hearing Referral, Assessment Plan, and Notice of Meeting," in Appendix I, on page 81.
2. A single page, including the assessment report, IEP, and space for signatures of attendees (See Form 3, "Language, Speech, and Hearing Assessment Report and Individualized Education Program," on page 83, in Appendix I.)

Multiple copy forms are recommended since a copy often must be mailed or sent home to a parent, and serious consequences can result if this multiple purpose document is lost.

Outline of Basic Requirements

This section examines basic requirements that address documentation for compliance with federal and state statutes and regulations, such as 34 *CFR* Section 300 et seq.; the *California Code of Regulations, Title 5, Education;* and the *Education Code*. These requirements are discussed for the student who is in an LSH/DIS program.

The six major components required by state and federal laws for documentation are the student referral, assessment plan, parental rights and due process, assessment report, parental notification of the IEP meeting, and the individualized education program. The areas which must be documented in each of these major components are discussed in the paragraphs that follow.

Student Referral

A referral must be acted on within 15 calendar days (*Education Code* Section 56321[a].) The referral must be written and must include the reason for referral and the intervention strategies considered and used in the attempt to modify the regular educational program prior to a student's referral. (See *Education Code* Section 56303 and *California Code of Regulations, Title 5,* Section 3021[b][1][2].)

Assessment Plan

This plan must be developed within 15 calendar days after the date of the referral. The assessment plan includes documentation of the:

1. Reason for assessment
2. Explanation of the types of assessment to be conducted

3. Identification of trained and competent assessment personnel
4. Individual's primary language and language proficiency status
5. Description of recent assessments, including any independent assessments
6. Alternative means of assessment
7. Parents' consent and date of signature

Parental Rights and Due Process

Notices of parental and student rights must be verified and provided to parents from the time of referral through the implementation of the service. (In Appendix I see forms two and five for "Parental Rights and Appeal Procedures," on pages 81 and 87.)

Assessment Report

All assessments must be completed, and a written report must be provided (*Education Code* Section 56327 and 34 *CFR* Section 300.543). The report includes the following documentation:

1. Assessment completion dates
2. Description and results of assessment
3. Statement regarding needs in special education and related services
4. Basis for making the determination
5. Observation of relevant behaviors of the student in an appropriate setting
6. The relationship of behaviors to academic and social functioning
7. Educationally relevant health, developmental, and medical findings, if any
8. Effects of environmental, cultural, and economic disadvantages where appropriate
9. Need for specialized services, materials, and equipment for the student who has a low-incidence disability
10. Student's performance in his or her primary language, if the language is other than English

Parental Notification of the IEP Meeting

A meeting must be held and an IEP developed within 50 calendar days of receipt of parent's informed consent to the assessment plan. Documentation of the notice to parents of the IEP meeting must include the meeting's purpose, mutually agreed-on time and location, and names of participants.

Individualized Education Program

The IEP must include documentation of the following components:

1. Present levels of performance
2. Annual goals and short-term instructional objectives
3. Specific special educational instruction and related services
4. Extent of participation in regular educational programs
5. Date of initiation and duration of services
6. Objective criteria, evaluation procedures, and the date of the annual IEP review
7. Linguistically appropriate goals and objectives
8. Specialized services, materials, and equipment to be provided for the student, if any
9. Frequency of designated instruction and services (DIS)
10. Parent's signature consenting to all or part of the IEP
11. Signature of the administrator or designee and student, if appropriate
12. Signatures of the LSH specialist and others attending the meeting

QUESTIONS

This section provides detailed information educators need to complete paperwork appropriately.

Which students qualify for use of the reduced forms?

The reduced form is most appropriately used with students who require a single, unduplicated DIS. The IEP goals and objectives for those students are generally few, and the duration of the service is generally short.

If the streamlined form does not have enough space available for the report, what should be done?

Write "See attached report" on the form and add the other pages.

Must all the requirements listed for the assessment report be met?

Yes. *Education Code* Section 56327 requires that the assessment report address the areas listed, as appropriate.

Do the names of the tests administered to a student need to be listed on the assessment plan?

No. *Education Code* Section 56321(b)(3) states that only the type of assessment needs to be described.

Stating the frequency of service can sometimes be restricting because of other professional demands. Must this information be stated on the IEP?

Yes. Frequency of service must be stated on the IEP. Flexibility may be given through the use of an average range (for example, 30 to 60 minutes, twice weekly).

Do computerized forms save time?

Yes. Once the system has been mastered, clerical time is reduced.

CHAPTER SIX

Service Delivery Models

This chapter presents alternative models for providing designated introduction services (DIS)) for language, speech, and hearing. The models are designed to meet the needs of students who are eligible for special education and related services under current federal and state mandates or who are at risk or functioning at or below 50 percent of their chronological age in receptive or expressive language development (*Education Code* sections 56026, 56030.5, 56040, 56333, 56337, and 52860).

Also discussed are models that could be adapted to year-round schedules and block programs as well as innovative models currently being implemented in California schools with at-risk students.

The models examined in this section are the traditional pullout model, infant-preschool home-based or center-based model, transdisciplinary team model, classroom intervention model for elementary schools, classroom intervention model for secondary schools, departmentalized model for secondary schools, language laboratory model, paraprofessional model, postsecondary transitional model, language and speech consultative models, and school-based programs model.

This chapter concludes with a section of questions and answers that deal with specific concerns readers may have about the various kinds of models examined in this chapter.

Combining Programs

Varied populations may require different models to deliver services, and the models presented in this chapter are a means to reach defined objectives. An LSH specialist may wish to combine one or more of the approaches from the models discussed. Such intervention strategies, however, should be developed on a student-by-student basis. The decision to implement the strategies from one or more of the described models is the responsibility of the LSH specialist in consultation with school personnel and parents. The most appropriate models for a district, county, or special education local plan area (SELPA) may be combined and modified to meet individual needs.

Caseloads for LSH Specialists

To meet the needs of a varied population through selection of one or more delivery modes, the specialist

must ensure that the scheduling and caseload are flexible. Caseloads of full-time-equivalent LSH specialists providing instruction and services within the SELPA or county office shall not exceed an average of 55 persons unless prior written approval has been granted by California's Superintendent of Public Instruction. The only exception to this regulation occurs when the caseload consists entirely of preschool pupils, in which event the caseload may not exceed 40 pupils aged three to five years, inclusive.

Traditional Pullout Model

In the traditional direct service pullout program, the LSH specialist is responsible for the screening, assessment, IEP development, and direct service delivery to students individually and in small groups. Frequency of service varies and must be stated on the IEP according to the student's needs.

Cases Served

Students with communication disorders in articulation, fluency, voice, and language may be served by an LSH specialist in a traditional pullout model.

Persons from birth through twenty-one years may be served. Infant and preschool pupils are served in the home, family day care, head start program, or public and private preschool day-care centers.

Services Provided by the LSH Specialist

The LSH specialist provides the following direct services: observation and screening, assessment, implementation of goals and objectives, consultation, and teacher-parent in-service training.

Program organization and management services provided by the LSH specialist are IEP development, scheduling, lesson planning, selection of instructional materials, and structuring the classroom environment.

Caseload Size and Schedule for Activities

The LSH specialist may restructure a caseload by combining groups in a traditional pullout model. The size of these groups varies according to the severity of the disabilities of the students in the caseload.

The schedule of the LSH specialist should include preparation and conference time, group and individual instruction, student study team (SST) meetings, assessments, IEP team meetings, nutrition, and lunch.

Infant-Preschool Home-based or Center-based Model

The infant-preschool home-based or center-based model is designed specifically to provide scheduled services for children and information to parents and guardians who care for infants and toddlers in the home. The model also provides speech and language stimulation and remediation to infants, toddlers, and preschool children from birth to five years of age. Infants and preschoolers may also be brought to a designated school site by the care provider to participate in and observe activities.

For information about resources available for preschool programs, one may contact the local educational agency (LEA) or the Program, Curriculum, and Training Unit or the Infant Preschool Program of the California State Department of Education.

Interventions

The infant-preschool home-based or center-based model permits the following methods of intervention:

1. Instruction in primary language when possible
2. Information and stimulation techniques in language and speech development
3. Observation and evaluation of children
4. Focus on phonology and language development

Responsibilities

The LSH specialist assumes the following responsibilities in the infant-preschool home-based or center-based model:

1. Serve children one to three times weekly at four-week to eight-week intervals for one-hour to two-hour sessions.
2. Assist in follow-up referrals.
3. Train parents and/or careproviders to develop skills in oral language stimulation.

Transdisciplinary Team Model

Education Code sections 56026 and 56426.6 provide educational opportunities to all children from birth to five years of age who require intensive special education services. Early education services for preschool children are to be provided through a transdisciplinary team approach in assessment and in program implementation.

The classroom communication intervention program provides instruction in language and speech development to handicapped and at-risk students.

By providing recommendations during assessment and support to the program implementers, the LSH specialist becomes an integral member of the transdisciplinary team. The LSH specialist acts as a consultant to the early education team members and service providers and provides information to parents in speech and language development. As a transdisciplinary team member, the LSH specialist helps to train other team members in their areas of expertise and shares the responsibility for assessment and implementation of the early education program.

Classroom Intervention Model for Elementary Schools

The classroom communication intervention program provides instruction in language and speech development to handicapped and at-risk students. This approach enables the LSH specialist to serve additional students and may accelerate the development of language skills. With this program the classroom teacher and the LSH specialist may provide instruction cooperatively, and the scheduling of students within the classroom may vary in time and frequency. Classroom intervention models may be used when there is a sizable at-risk population in a regular education classroom and when this method appears to be the most appropriate for meeting individual needs.

The classroom teacher and the LSH specialist may cooperate in providing instruction by using (1) oral language instruction in the classroom; (2) ongoing consultation between teachers and specialists; (3) in-service training and staff development; (4) consultation with school personnel and parents; and (5) service to students at risk.

With the classroom intervention model, the LSH specialist is responsible for providing assessment, developing lesson plans, scheduling, providing direct instruction, monitoring progress, developing and providing instructional materials for the classroom teacher, and for holding conferences with the classroom teacher.

Classroom Intervention Model for Secondary Schools

This model allows the LSH specialist to team teach with the resource specialists, special class, or regular classroom teacher. Identified individuals with exceptional needs and at-risk students can benefit from instruction in the core curriculum and generalize effective language learning strategies. The scheduling of students may vary in time and frequency.

In addition to providing direct service to students, the LSH specialist may also work with curriculum development, team teaching, in-service training and staff development, and consultation with school personnel and parents.

The LSH specialist may provide the following services to secondary-level students who are at risk: (1) application of strategies to new learning situations; and (2) assistance to increase school attendance, to prevent school dropouts, to pass proficiency and other achievement tests, and to increase independence and self-motivation.

The LSH specialist may assume the following responsibilities in a classroom intervention model at the secondary level: (1) screening and assessment; (2) developing lesson plans; (3) developing and modeling alternative modes of instruction; (4) modifying materials and methods of testing; and (5) consulting with the team teacher.

Departmentalized Model for Secondary Schools

With the departmentalized model the LSH specialist has functions similar to those for the special class teacher model for selected class periods. Curriculum content is applied to the remediation of oral and written language disabilities. The model allows the identified and at-risk students to receive speech and language intervention while receiving instruction in the core curriculum. (*Core curriculum* is defined as district-adopted course content that every student should be taught before graduating from high school.) Students selected for this program are scheduled into these classes by the school counselors in the same manner as for regular classes.

The departmentalized model enables LSH specialists to have increased opportunities for interactions with other support staff as well as with classroom teachers.

Role of the LSH Specialist

The LSH specialist ensures that:

1. Students are assigned on a period-to-period basis to the LSH specialist for course credit.
2. Students earn credit toward junior high school and senior high school graduation requirements.
3. Formal and informal assessments occur.
4. Curriculum development and lesson planning take place.

5. Skills to be taught include vocabulary development, social skills, life skills, prevocational and vocational skills, study skills, reading comprehension, learning strategies, compensatory and coping strategies, conversational skills, and functional written language skills.

The LSH specialist is also responsible for behavioral management. To learn which behavioral management skills are needed in the classroom, the LSH specialist should consult with the program supervisor, school administrator, and/or classroom teacher prior to planning a program.

Schedule for the LSH Specialist

The LSH specialist's schedule in a departmentalized model at the secondary level includes:

1. A variable range of students, from 6 to 15 per class
2. A class composition, depending on students' needs and the goals of the IEP
3. A one-period class held five times a week
4. Time for preparation and conferences

Language Laboratory Model

The language laboratory model, which is directed and supervised by the LSH specialist, serves the communicatively handicapped and the at-risk population. This oral language model, which also focuses on writing, reading, and pragmatics, provides language learning instruction for effective oral and written communication as well as helping students to achieve in the core curriculum. Students are referred to the laboratory by the classroom teacher of the student study team (SST). Placement in the language laboratory is a cooperative decision involving the LSH specialist, other school personnel, and the child's parents. The participation of teachers, parents, administrators, paraprofessionals, and community volunteers helps support the laboratory.

The language laboratory model emphasizes development of skills in listening; processing verbal directions; speaking; expressing needs, thoughts, and ideas at an age-appropriate level; using pragmatics; developing conversational abilities; reading; demonstrating reading comprehension; writing; using written language to formulate needs, thoughts, and ideas; thinking critically; making decisions; and comprehending language.

Paraprofessional Model

Services may be provided by a paraprofessional working under the direct supervision of an LSH specialist, if such a provision is specified in the IEP. The caseloads of an LSH specialist shall not be increased by the use of noncertificated personnel (*Education Code* Section 56100[a], 20 *USC* Section 1414[C] [2][B], and 34 *CFR* Section 300.600; see also *Education Code* sections 56363[b][1] and 56363.3 and 34 *CFR* Section 300.13[b][12]).

Desirable skills for the paraprofessional should include:

1. Ability to work in the primary language of the child
2. Ability to work individually and with small groups
3. Responsiveness to the needs of the target population
4. Literate language and speech skills

The paraprofessional model may be used with alternative language and speech models to:

1. Provide direct instruction in English or in the primary language of the students.
2. Maintain students' progress logs.
3. Consult with the LSH specialist to select appropriate instructional materials and to discuss students' progress.

By delegating clerical tasks to the paraprofessional, the LSH specialist will have additional time to devote to other job-related responsibilities.

Postsecondary Transitional Model

The community college program provides speech and language services to students within the college who have communicative disabilities. Students are helped to develop communication skills essential for effective interaction on campus, at work, and in the community. The goal is to provide direct and individualized services to effect positive changes in communicative behavior and to provide information and assistance to the other programs on campus and in the community.

Students make appointments for language and speech services, which may include:

1. Assessment of language and speech problems

The language and speech consultative model enables the LSH specialist to serve an increased number of students.

2. Remediation for all types of communication disorders, including articulation, voice, language, and fluency
3. Counseling on available services within the college and the community
4. Advisement on university speech pathology and audiology programs

Language and Speech Consultative Models

The consultative model is one in which the LSH specialist becomes a resource person and adviser to teachers, parents, administrators, and other support personnel in the schools. This alternative enables the LSH specialist to serve an increased number of students who need assistance. The consultative model may be used for individuals with exceptional needs and for individuals at risk in speech and language development. This model, which is intended to answer questions, provide information, present demonstrations, and facilitate access to resources, is emerging as a popular model for both the resource specialist teacher and the LSH specialist.

The kinds of consultant services examined in the paragraphs that follow are consultant for nonverbal populations; bilingual language and speech consultant; diagnostic consultant; community-based language, speech, and hearing consultant; and mentor teacher consultant.

Consultant Services for a Nonverbal Population

The consultant for a program serving a nonverbal population provides support to staff, parents, and students in the use of technology that will lead to improvement of communication competencies by:

1. Assessing language ability of nonverbal students
2. Recommending appropriate communicative devices, including access methods
3. Conferring with occupational and physical therapists, psychologists, and mental health staff
4. Providing consultation and demonstrations for classroom teachers on the use of communication devices
5. Instructing parents on the use of communication devices
6. Instructing school personnel on the uses of communication devices with students
7. Reassessing appropriateness of devices and students' progress periodically

Information about devices to help nonverbal students to communicate may be obtained from the Special Education Division, California State Department of Education. Staff members are knowledgeable about exemplary outreach programs in California.

Bilingual Language, Speech, and Hearing Consultant

The bilingual language, speech, and hearing consultant should be competent in the language of the children referred. This consultant provides support to staff and students by:

1. Assessing students' primary language abilities
2. Assisting LSH specialists in determining whether a problem exists in language development or in second language acquisition
3. Developing an appropriate intervention plan
4. Suggesting appropriate materials for the bilingual child

Diagnostic Consultant

The diagnostic consultant serves in an advisory capacity and provides technical expertise by:

1. Serving as the language, speech, and hearing representative on the multidisciplinary assessment team
2. Performing in-depth speech and language assessment
3. Advising school staff on appropriate instructional programs
4. Providing speech and language assessment to nonpublic schools on request

The range of scheduling for a diagnostic consultant includes variable time and preparation time.

Community-based Language, Speech, and Hearing Consultant

The community-based consultant provides support and training in communication by accompanying severely handicapped students to various community settings. Students are taught how to:

1. Develop appropriate pragmatic skills.
2. Develop appropriate social skills by asking and answering questions.
3. Follow directions.
4. Respond relevantly to questions regarding their handicapped conditions.

Every student has a right to an instructional program rich in curriculum content.

5. Ask for assistance.
6. Obtain information.
7. Improve social skills.

Mentor Teacher Consultant

In the mentor teacher program, the LSH specialist selected to be a mentor teacher will spend 60 percent of his or her assigned time in direct instruction and 40 percent of his or her assigned time in assisting and demonstrating techniques. New and returning LSH specialists and teachers receive the services of a mentor teacher for one year.

The mentor teacher assumes the following roles and responsibilities:

1. Provides direct assistance and guidance
2. Assists in the development of appropriate instructional techniques and lesson plans
3. Demonstrates use of special programs and materials
4. Assists in the organization and management of related services
5. Discusses procedures when working with assigned paraprofessionals
6. Arranges access to professional literature and instructional lesson plans
7. Furnishes information regarding current federal and state legislation
8. Disseminates information regarding instructional goals of special education related services

School-based Programs Model

Every student has a right to an instructional program rich in curriculum content, as well as in problem-solving and critical-thinking activities. Experience has shown that many students participating in categorical programs do not receive such a program. In some cases, this situation results from treating categorical funding sources as unique educational programs rather than as funding sources to provide services to students with special needs. The Legislature enacted the School-based Program Coordination (SBPC) Act in 1981 to provide site flexibility in the use of certain categorical resources. This act gives districts and schools the flexibility to ensure that all students, including students with special needs, receive an enriched program.

This flexibility can provide the following benefits to schools to ensure that all students acquire the knowledge, understanding, and skills of the district's core curriculum:

1. Student-focused program
2. Integrated program for all students
3. Increased ability to provide additional services to any student needing them while, at the same time, continuing to meet the special needs of students who are gifted and talented, educationally disadvantaged, and limited-English proficient (LEP) and who have exceptional needs.
4. Schoolwide planning process which promotes local ownership of the school program and builds communication and collaboration among all staff members
5. Coordinated staff development activities that are supported by release time
6. Single school budget in which the separate state categorical funds are combined

If state special education funds are included in an SBPC plan, the district must still comply with *Education Code* sections 56000 through 56885. *Education Code* Section 52860 sets forth two exceptions:

1. "Resource specialist program (RSP) services and designated instruction and services (DIS) may be provided to students who have not been identified as individuals with exceptional needs, provided that all identified individuals with exceptional needs are appropriately served.
2. "Programs for individuals with exceptional needs shall be under the direction of credentialed special education personnel, but services may be provided entirely by personnel not funded by special education moneys, provided that all services specified in the individualized education program are received by the pupil."

If special education funds are included in an SBPC plan, all of the requirements of the special education statutes must still be met, with the two exceptions set forth in *Education Code* Section 52860 regarding resource specialist program services and designated instruction and services (see Figure 3, "Language, Speech, and Hearing Specialist's Roles in a School-based Program," on page 37, for the LSH specialist's roles in the SBPC plan.)

QUESTIONS

This section of questions and answers provides information about specific concerns readers may have about the models discussed in this chapter.

Must a student have an IEP to receive designated instruction services (DIS) from the language, speech, and hearing (LSH) specialist?

Yes. All eligible students must have an IEP before receiving special education and related services.

May a delivery model be used that is not described here?

The models described in this chapter are only suggested designs. Other acceptable models exist.

How does providing a variety of delivery models affect the caseload limit?

1. Caseload requirements are not affected by the delivery model.
2. Caseloads will differ among LSH specialists within the same SELPA according to the type of service or students served. How a SELPA or district organizes its delivery of services is determined by each specialist in collaboration with personnel from the district SELPA and school site.

How can one learn more about classroom intervention programs?

Information is available by contacting other district, county, or SELPA programs. The Special Education Division of the California State Department of Education is an additional resource.

What instructional resources are available for classroom intervention?

Many commercially packaged programs of instructional materials are available through vendors whose advertisements may appear in various publications from the American Speech-Language-Hearing Association. Members of this organization may receive informational materials from these companies.

Educational Programs That Work, developed by the National Diffusion Network, is an additional resource. This publication is available from the California Facilitators Project, Association of California School Administrators, 1575 Old Bayshore Highway, Burlingame, CA 94101; telephone (415) 692-2956 or (800) 672-3494.

How can clinically trained LSH specialists working in an educational setting combine their clinical expertise with the core curriculum?

LSH specialists need to determine what skills they possess in each core content curriculum area, as well as which area can be taught using language to the maximum extent. Instruction in core content and maximum use of language are goals for the class period.

Do the models suggested in this chapter conflict with the current legally mandated language and speech programs?

No. Continuation of successful mandated programs should not be affected by adding any of the described models.

Who should be contacted regarding a model to be visited?

Contact the consultant from the Special Education Division, California State Department of Education, assigned to your SELPA.

What should be done if a supervisor resists plans to implement some of these models?

An informal discussion with the supervisor to emphasize the positive aspects of a comprehensive program may be convincing. In addition, a visit to a model program may be indicated.

In reality, how feasible is the development of various models in an educational system where individuals resist change?

Education, observation, and demonstration presented positively encourage change.

Will administrators determine when and whether a described model should be initiated?

The LSH specialist and other appropriate school personnel should be involved in collaborative decision making.

What is the most effective method to introduce these new models in a school or SELPA?

Staff development should be a high priority for language and speech personnel and the school staff.

How will instructional materials and equipment be made available to LSH specialists to implement some of these new models?

Any budget implications for implementing these models need to be discussed with the SELPA director, school

principal, or appropriate school personnel. Implementation of the School-based Program Coordination (SBPC) Act, *Education Code* Section 52800 et seq., in the school is one alternative.

What are the benefits to special education personnel, students, and parents who participate in an SBPC plan?

The major benefits are to:

1. Include special education personnel, students, and parents in SBPC planning, which, in turn, can assist them in becoming an integral part of the school site program.
2. Provide an opportunity for special education parents and staff to become members of the school site council.
3. Increase opportunities to provide the least restrictive environment. (See Appendix E for the State Board of Education's policy on least restrictive environment.)
4. Increase the opportunity for RSP and DIS personnel to consult with regular classroom teachers and to help develop the school plan.
5. Increase coordination of regular education and special education services, thus enhancing services to special education students.

Are services to students with exceptional needs required to be specified in the SBPC plan?

Yes. Even if special education is not included in the SBPC plan, *Education Code* Section 52853(b) requires the SBPC plan to include a description of the instructional and auxiliary services to meet the special needs of students with exceptional needs. *Education Code* Section 52853(a) requires that curricula, instructional strategies, and materials responsive to the individual needs and learning styles of each student be included in the SBPC plan.

Are there any protections for identified students with exceptional needs to ensure that the services written in their IEPs are provided?

Yes. *Education Code* Section 52860 states that RSP and DIS services may be provided to students who have not been identified as individuals with exceptional needs, provided that all identified individuals with exceptional needs are appropriately served. Also, identified students with exceptional needs are entitled to due process under *Education Code* Section 56500 et seq. and may file complaints alleging noncompliance under *California Code of Regulations, Title 5*, Section 3080. In addition, the California State Department of Education's compliance review process is used to ensure compliance with special education laws and regulations.

How is the decision made concerning which nonidentified students receive the services of special education personnel?

The California State Department of Education recommends that the student study team described in the SBPC plan a decision-making process that considers students' needs and includes parents' participation. The SST process could provide the basis for identifying which students should receive the services of special education personnel. The school site plan could include consideration of the intensity and duration of the services, methods of providing the services, and persons responsible for student outcomes.

May nonidentified students be included in caseloads for fiscal purposes?

No. Only students with IEPs may be counted for caseload purposes. See *Education Code* Section 56362.1.

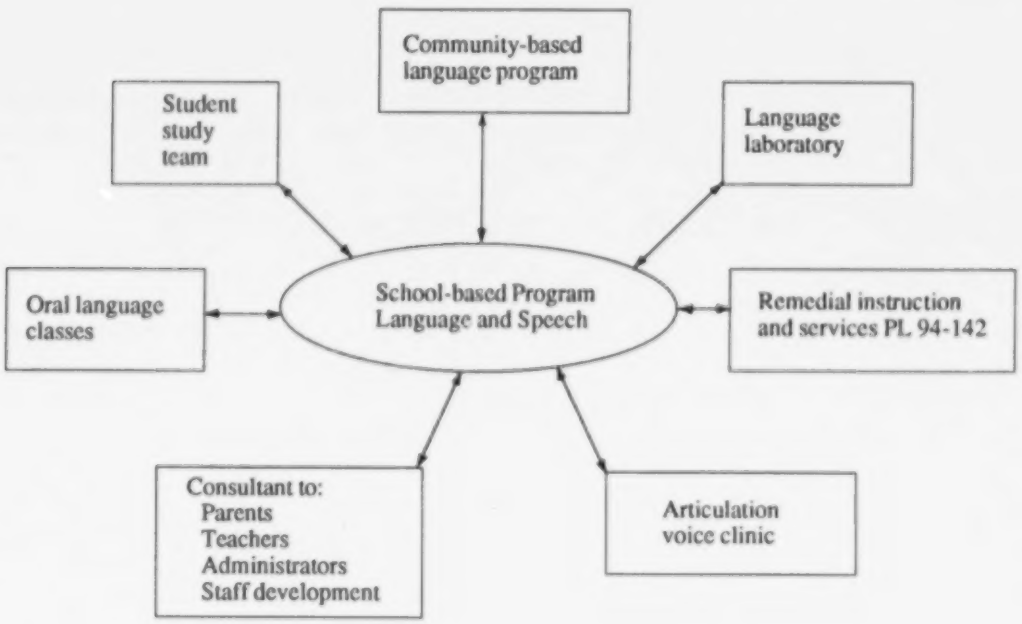
May the RSP or DIS personnel serve more identified and nonidentified students than their caseloads permit?

No. *Education Code* Section 52860 in the SBPC Act mandates that all special education statutes (*Education Code* sections 56000 through 56885) must be met. Thus, *Education Code* sections 52362(c) and 56363.3, which specify the RSP and DIS student limits of 28 and 55, respectively, must still be satisfied. However, a State Board of Education waiver may be requested pursuant to *Education Code* Section 56101.

Must programs for identified students with exceptional needs be under the direction of special education credentialed personnel?

Yes. According to *Education Code* Section 52860, programs for individuals with exceptional needs shall be under the direction of credentialed special education personnel, but services may be provided entirely by personnel not funded by special education moneys, provided that all services specified in the IEP are received by the student.

Fig. 3. Language, Speech, and Hearing Specialist's Roles in a School-based Program



APPENDIX A

Role of the Language, Speech, and Hearing Specialist

Students with communication disorders are identified as special education students in both federal and state legislation. (See 34 *CFR* 300.5 [b][10] and *Education Code* Section 56333 for state and federal definitions of communication disorders.)*

The language, speech, and hearing (LSH) specialist is clearly designated as the professional responsible for working with these special education students; and the LSH specialist's duties are extensive in scope and responsibility. The LSH specialist provides direct services to students that include identifying students; completing a diagnostic assessment; determining eligibility for special education services with the use of criteria cited in the *California Code of Regulations, Title 5*, sections 3030(c), 3051, and 3051.1; and providing direct therapeutic services as prescribed in the student's individualized education program (IEP).

The LSH specialist also provides a variety of indirect service activities related to the case management of each student with speech, language, and hearing disorders. These activities include conferring with parents, consulting with teaching staff, coordinating management activities, and completing required documentation. In addition to being responsible for direct and indirect services to students, the LSH specialist provides formal and informal in-service training programs for teachers, participates on diagnostic teams, and functions as a site-level resource.

Service Delivery

The LSH specialist can provide appropriate services for language, speech, and hearing handicapped students in a variety of educational settings. The designation of the service delivery mode for communicatively handicapped students is the responsibility of the IEP team and is indicated on the IEP.

However, there is also a need to provide services for students who do not qualify for special education or meet legislatively mandated eligibility criteria. These nonspecial education students have been labeled as high-risk, underserved students or simply as students with additional needs. Incorporated within this group are potential dropouts, limited-English-speaking students, and socially maladjusted individuals. The training and expertise of the LSH specialist suggest that this person would be the most logical candidate for this role, providing that a distinction is made between students having communication disor-

*The source of this material is "Role of the Language, Speech, and Hearing Specialist in the Schools," *CSHA Newsletter*, Vol. 13, No. 3 (March 1987), 6.

ders severe enough to warrant special education and students whose communication behaviors can be enhanced or successfully served through the regular education curriculum.

The resources of the regular education program should be augmented to provide service to students who do not qualify under the eligibility criteria as communicatively handicapped and thus are not special education students. The needs of these students should be met through regular staff with academic preparation in speech and language. The LSH specialist could work with these regular staff members to provide in-service training. Funding for such services should be specified in the general education budget.

As school faculties work together to optimize the resources at each school and as the LSH specialist's functions increase in the regular classroom and through consultation, more at-risk students can benefit from services provided.

Pertinent Legislation

California Code of Regulations sections 3051 and 3051.1 provide standards for designated instruction and services (DIS) and remediation. Section 3051, "Standards for Designated Instruction and Services (DIS)," provides that:

(1) Designated instruction and services may be provided to individuals or to small groups in a specialized area of educational need, and throughout the full continuum of educational settings.

(2) Designated instruction and services, when needed as determined by the individualized education program team, shall be specified in the individualized education program, including frequency and duration of services.

(3) All entities and individuals providing designated instruction and services shall be qualified.

(4) All entities and individuals providing designated instruction and services shall be:

(A) Employees of the school district or county office, or

(B) Employed under contract pursuant to Section 56365 of the *Education Code*. Such persons shall be certified by the [California State] Department [of Education] pursuant to Section 3064 of this Title, or

(C) Employees, vendors, or contractors of the State Departments of Health Services or Mental Health, or any designated local public health or mental health agency.

California Code of Regulations, Title 5, Education, Section 3051.1, "Language, Speech, and Hearing Development and Remediation," provides that:

(a) An individual holding an appropriate credential with specialization in language, speech, and hearing may provide services which include:

(1) Referral and assessment of individuals suspected of having a disorder of language, speech, or hearing. Such individuals are not considered as part of the caseload pursuant to Section 56363.3 of the *Education Code* unless an individualized education program is developed and services are provided pursuant to Section 3051.1(a)(2)(3).

(2) Specialized instruction and services for individuals with disorders of language, speech, and hearing, including monitoring of pupil progress on a regular basis, providing information for the review, and, when necessary, participating in the review and revision of individualized education programs of pupils.

(3) Consultative services to pupils, parents, teachers, or other school personnel.

(4) Coordination of speech and language services with an individual's regular and special education program.

(b) Caseloads of full-time equivalent language, speech, and hearing specialists providing instruction and services within the district, special education local plan area, or county office shall not exceed a districtwide, special education local plan areawide or countywide average of 55 individuals unless prior written approval has been granted by the State Superintendent of Public Instruction.

(c) Services may be provided by an aide working under the direct supervision of a credentialed language, speech, and hearing specialist if specified in the individualized education program. No more than two aides may be supervised by one credentialed language, speech, and hearing specialist. The caseloads of persons in subsection (b) shall not be increased by the use of noncertificated personnel.

APPENDIX B

Professional Qualifications in California

This appendix presents information about California credential requirements for providers of services to language and speech-impaired students. This information concerns the clinical rehabilitative services credential and the specialist instruction credentials. This material is from the California Commission on Teacher Credentialing.

Clinical Rehabilitative Services Credential

Education Code Section 44268 describes the requirements and authorizations for the clinical rehabilitative services credential:

44268. Services credential with specialization in clinical or rehabilitative services. The minimum requirements for a services credential with a specialization in clinical or rehabilitative services are:

(a) A baccalaureate degree or higher from an institution approved by the commission.

(b) A fifth year, or its equivalent, of college or university education.

(c) Such specialized and professional preparation as the commission may require.

The services credential with a specialization in clinical or rehabilitative services shall authorize the holder to perform, at all grade levels, the service approved by the commission as designated on the credential. Clinical or rehabilitative services which may be designated by the commission include, but need not be limited to, speech, language, and hearing services.

The following authorizations may be listed on the document:

1. Language, speech, and hearing
2. Audiology
3. Language, speech, hearing, and audiology
4. Orientation and mobility
5. Language, speech, and hearing, including special class authorization (to teach classes of aphasic children)

Requirements

Applicants who completed a program of professional preparation in a California college or university must receive the recommendation of a California college or university with a commission-approved clinical rehabilitative services program.

Basic Skills Requirement

Every applicant for a credential must verify passage of the *California Basic Educational Skills Test (CBEST)*. For information about the test, contact CBEST Programs, P.O. Box 23260, Oakland, CA 94623-2326; telephone (415) 654-1200.

Applicants Prepared Outside California

An applicant prepared in a state other than California who has completed a postgraduate year program of preparation in the area of language, speech, and hearing and passed the *CBEST* may be granted a credential on direct application to the California Commission on Teacher Credentialing.

Applicants prepared outside California should submit:

1. A completed application form and fee
2. Official transcripts showing the completion of an organized fifth-year program in language, speech, and hearing, which may have resulted in a master's or higher degree
3. Verification that the program met the certification requirement (for the candidate) to serve as a speech and hearing therapist in the state in which it was completed
4. Verification that the program included a clinical practice with school-age children
5. Original *CBEST* verification transcript

If the out-of-state preparation does not meet these requirements, the applicant should contact a California college or university with a commission-approved program for a recommendation or advice about completing the requirements for the credential. (See "Colleges and Universities in California with Approved Programs in Clinical Rehabilitative Services," which appears in this appendix.)

Special Class Authorization

The special class authorization (to teach classes of aphasic children) requires that the candidate complete coursework in aphasia and in the methods of teaching school subjects, in addition to the coursework for the language, speech, and hearing authorization.

Emergency Credential and Requirements

The emergency clinical rehabilitative services credential authorizes service as the teacher in a class organized for students with severe language disorders. It is available only at the request of an employing school district, county superintendent of schools, or state agency. To apply, one must submit a completed application form and fee, verification of having passed *CBEST*, a statement of need from the employer, and verification that the requirements listed in the next paragraph have been met.

The requirements for the emergency clinical rehabilitative services credential are:

- Possession of a valid California clinical rehabilitative services credential in language, speech, and hearing
- Verification that the applicant has applied for entrance to a commission-approved clinical rehabilitative services program for the special class authorization in a California college or university. (For a list of approved programs, see "Colleges and Universities in California with Approved Programs in Clinical Rehabilitative Services," which appears in this appendix.)

Specialist Instruction Credentials

The following specialist instruction credentials are available on the recommendation of a California institution having a commission-approved program in the specialized area: early childhood education, reading, mathematics, bilingual/cross-cultural education, health science, agriculture, and special education.

Requirements

An applicant for a clear specialist instruction credential must verify:

(a) Possession of a valid California basic teaching credential requiring a baccalaureate degree and a program of professional preparation, including student teaching. (The valid teaching credential may be a partial, preliminary, clear, or life document issued under present or prior regulations and under items [b] or [c]).

(b) Completion of a commission-approved program, including student teaching, and the recommendation of a California college or university with an approved program in the specialist area.

(c) Completion of a postgraduate year of study in the specialist area from a regionally accredited college or university outside California. These applicants may apply directly to the Commission on Teacher Credentialing.

The term of a clear specialist instruction credential is determined by the expiration date of the basic teaching credential held, but may not exceed five calendar years.

Special Education Specialist Credentials

The program classifications adapted under special education areas include:

1. Communication handicapped, including speech and hearing, deaf and severely hard-of-hearing, deaf-blind, aphasic, and severely oral language handicapped
2. Physically handicapped, including blind and partially seeing and orthopedically handicapped
3. Learning handicapped, including learning disabilities, behavioral disorders, educationally retarded, and educable mentally retarded
4. Severely handicapped, including trainable mentally retarded, severely multiple handicapped, seriously emotionally disturbed, and autistic
5. Gifted
6. Visually handicapped, including the blind and partially seeing

Bilingual Certificate of Competence

The LSH specialist may obtain a bilingual certificate of competence, as defined in *Education Code* sections 44253.5 through 44253.7. This certificate certifies that the holder:

1. Is competent in both the oral and written skills of a language other than English
2. Has both the knowledge and understanding of the cultural and historical heritages of the limited-English-proficient individual to be served
3. Has the knowledge of methodology to teach in English and in a language other than English

Additional Teaching Credentials

In addition to persons with the credentials previously listed, holders of the following credentials are also authorized to teach handicapped children with special learning disabilities in a special class in which the primary disability is speech and language impaired as defined in 34 *CFR*, Section 300.5(b)(10):

(a) Restricted Special Education Credential—Speech and Hearing Therapy

(b) Exceptional Children Credential—Speech Correction and Lip Reading

(c) Standard Teaching Credential with the Minor—Speech and Hearing Handicapped

(d) Special Secondary Credential—Correction of Speech Defects

(e) Limited Specialized Preparation Credential—Speech and Hearing Handicapped

Colleges and Universities in California with Approved Programs in Clinical Rehabilitative Services

State Colleges and Universities	*LSH*	*AUD*	*SCA*
CSU Chico	x		x
CSU Fresno	x		
CSU Fullerton	x		x
CSU Long Beach	x	x	x
CSU Los Angeles	x	x	x
CSU Northridge	x	x	x
CSU Sacramento	x		x
CSU Stanislaus	x		x
Humboldt State University	x		x
San Diego State University	x	x	x
San Francisco State University	x	x	x
San Jose State University	x	x	x
University of California, Santa Barbara	x	x	x
Private Colleges and Universities			
Biola College	x		
Chapman College	x		x
Loma Linda University	x		
University of La Verne	x		x
University of Redlands	x		x
University of San Francisco	x	x	
University of the Pacific	x		x
Whittier College	x		x

Note: Specialized areas are indicated by x.
Key: LSH = Language, speech, and hearing
AUD = Audiology
SCA = Special class authorization

APPENDIX C

Certification Standards for the Language, Speech, and Hearing Specialist

Appendix C contains a discussion of certification standards for the language, speech, and hearing specialist. Requirements for a certificate of clinical competence from the American Speech-Language-Hearing Association are examined. California's state licensure requirements are also discussed.

Certificates of Clinical Competence

The American Speech-Language-Hearing Association issues certificates of clinical competence to applicants who present satisfactory evidence of their ability to provide independent clinical services to persons who have communication disorders; for example, speech, language, and/or hearing. An applicant who meets these requirements may be awarded a certificate in speech-language pathology or in audiology, depending on the emphasis of preparation. A person who meets the requirements in both professional areas may be awarded both certificates.

Standards

The recipient of either or both of the certificates of clinical competence must hold a master's degree with major emphasis in speech-language pathology; audiology; or speech, language, and hearing science.

General Background Education

Applicants for a certificate should have completed specialized academic training and preparatory professional experience that provides an in-depth knowledge of normal communication processes, development and disorders thereof, evaluation procedures to assess the bases of such disorders, and clinical techniques that have been shown to improve or eradicate them. The applicant should have obtained a broad general educational background prior to such study and should demonstrate adequate oral and written communication skills. The specific content of this general background education is left to the discretion of the applicant and to the staff of the training program. However, highly desirable studies are human psychology; sociology; psychological and physical development; the physical sciences (especially those pertaining to acoustic and biological phenomena); and human anatomy and physiology, including neuroanatomy and neurophysiology.

Required Education

Sixty semester hours of academic credit must have been accumulated from accredited colleges or universities. The

coursework must show that the applicant's program is well integrated, dealing with the normal aspects of human communication, its development, its disorders, and clinical techniques for evaluating and managing of such disorders.

Academic Clinical Practicum

The applicant must have completed a minimum of 300 clock hours of supervised clinical experience with individuals who present a variety of communication disorders. This experience must have been obtained within the training institution or in one of its cooperating programs.

Clinical Fellowship Year

The applicant must have obtained the equivalent of nine months of full-time professional experience (the clinical fellowship year) in which bona fide clinical work has been accomplished in the major professional area (speech-language pathology or audiology) in which the certificate is being sought. The clinical fellowship year must begin after the applicant has completed the academic and clinical practicum experiences specified previously.

National Examinations in Speech-Language Pathology and Audiology

The applicant must have passed one of the national examinations in speech-language pathology and audiology, either the *National Examination in Speech-Language Pathology* or the *National Examination in Audiology*.

State Licensure

If the language, speech, and hearing specialist is to engage in the private practice of speech pathology or audiology or to represent himself or herself as a speech pathologist or audiologist in settings other than in public elementary and secondary schools, he or she must be licensed in accordance with the provisions of the *Business and Professions Code* Chapter 5.3, sections 2530 through 2535.

Each person desiring to obtain a license shall apply. A separate license shall be granted in both speech pathology and audiology. An applicant may be granted both licenses after successfully completing the requirements for both licenses.

For information about licenses, one should contact:

The Speech Pathology and Audiology Examining Committee
1430 Howe Ave., Suite 86
Sacramento, CA 95825
(916) 920-6388

APPENDIX D

Sources of Funding

Prior to the development of the California Master Plan for Special Education, funding for language and speech services was based on an allocated amount per unit of average daily attendance (a.d.a.). Minutes of instruction generated the a.d.a. that in turn generated state reimbursements.

Among other things, the purpose of the Master Plan was to improve special education through services to meet the needs of handicapped individuals rather than to fund categorical programs. The method of funding was altered from state reimbursements being generated based on the number of pupils served and on the amount of time the pupils were seen to a system based on the number of instructional personnel service units (IPSUs) hired. The language, speech, and hearing specialist generates state reimbursement as an IPSU.

Current Funding Policies

Each special education local plan area (SELPA) is entitled to receive funding for a maximum of 10 percent of its kindergarten through grade twelve enrollment. Thus, a SELPA with 45,000 students could be reimbursed for serving a maximum of 4,500 students. The SELPA can allocate the 10 percent with a maximum of 2.8 percent of the students in special day classes, a maximum of 4 percent of the students in the resource specialist program, and 4.2 percent in designated instruction and services. These figures must be adjusted locally not to exceed the 10 percent cap. Language, speech, and hearing services are funded under the designated instruction and services (DIS) area.

For purposes of calculation at the SELPA level, language, speech, and hearing (LSH) specialists are allocated through the DIS ratio of 24 unduplicated students to one LSH specialist. For example, if a SELPA had 720 unduplicated (that is, receiving no other special education services) students, the SELPA would be entitled to 30 specialists. Students who receive special day class or resource specialist services and language, speech, and hearing services are considered duplicated and do not generate reimbursement for DIS. Including other specialized personnel in the funding category for language, speech, and hearing complicates the funding for this area. For example, figures for students in adaptive physical education and counseling are also combined with the unduplicated count for language, speech, and hearing to

determine the number of allocated units and funding reimbursement. The SELPA has local flexibility in distributing these units among all the required designated instruction and services.

QUESTIONS

The questions and answers that follow deal with the effect of funding policies on caseloads.

Why can't a caseload be 24 students?

The state has determined that 24 is the average number of unduplicated students to be served by personnel in the DIS category. Some specialists would see fewer than 24 students with more intensive needs, and other specialists serving less severely handicapped students would have higher caseloads. The number 24 for DIS is used as a funding formula based on unduplicated count only.

Why has the maximum caseload become a standard?

The caseload average of 55 students at the SELPA level was selected to provide program flexibility.

If 55 were to become a maximum number, then a small district having 56 students needing speech services would be required to have two specialists. There would also be an incentive to serve pupils to generate additional personnel.

How does working only with preschool pupils affect a caseload?

If a caseload consists of preschool pupils only, the maximum caseload is 40 pupils.

Least Restrictive Environment

California's commitment to the provision of services to individuals with exceptional needs in the least restrictive environment is stated in *Education Code* Section 56001(g): "Individuals with exceptional needs are offered special assistance programs that promote maximum interaction with the general school population. . . ." This commitment is further stressed in *Education Code* Section 56303, which requires that: "A pupil shall be referred for special educational instruction and services only after the resources of the regular education program have been considered and, where appropriate, utilized."

Policies for Implementation

Policies for implementing this intent statewide are based on the principle that individuals with exceptional needs should receive their education with nonhandicapped peers in chronologically age-appropriate environments. This principle maintains that both nonhandicapped and handicapped children are most successfully educated in a shared environment, where qualities of understanding, cooperation, and mutual respect are nurtured.

The intent of federal and state statutes and regulations is that individuals with exceptional needs attend the same public school in their neighborhood as nonhandicapped students do unless the individualized education program (IEP) team members determine that such a placement is inappropriate for a student's educational and social needs.

Therefore, placement in an educational environment other than in a regular class should be considered only when the IEP team determines that the regular environment, services, and/or curriculum cannot be modified effectively to meet the needs of the student as specified in his or her IEP.

Both federal and state regulations mandate the providing of ". . . a full continuum of program options to meet the educational and service needs of individuals with exceptional needs in the least restrictive environment." (*Education Code* Section 56031).

To ensure that a full continuum of program options is available, staff members from all educational agencies should review their current delivery systems to determine whether:

1. Program options in regular educational environments are available at local neighborhood schools.

2. Special education programs, to the maximum extent appropriate to students' needs, are housed on regular school campuses throughout the district.
3. The physical location of the program facilitates continuing social interaction with nonhandicapped students.
4. Individuals with exceptional needs have equal access to all regular educational activities, programs, and facilities on the regular school site and participate in those activities as appropriate to their needs.
5. Administrative policies and procedures encourage the close cooperation of all school personnel to facilitate opportunities for social interaction between individuals with exceptional needs and nonhandicapped individuals.
6. Administrative policies and procedures allow individuals with exceptional needs maximum access to appropriate general education academic programs, and school personnel are given necessary support to ensure the students' success.
7. Long-range plans and commitments for physical housing on regular school campuses are made to avoid frequent and disruptive program relocations.
8. Through long-range commitments for physical housing on regular school campuses, individuals with exceptional needs are afforded opportunities to develop and maintain continuing relationships with nonhandicapped peers.

If an IEP team has determined such a decision to be appropriate, students may be placed in residential schools or in nonpublic schools and may be provided educational services in medical facilities. Administrators of those facilities and programs are encouraged to provide opportunities for participation with nonhandicapped students in educational and social activities.

In all instances the IEP team determines the extent to which an individual with exceptional needs participates in regular education with nonhandicapped students. The IEP team members determine the appropriate program placement, related services needed, and curriculum options to be offered on the basis of the unique needs of the handicapped student rather than on the label describing the handicapping condition or the availability of programs.

To summarize California's position on the least restrictive environment for individuals with exceptional needs receiving a public education, the State Department of Education heartily concurs with the Legislature in its declaration that: "Special education is an integral part of the total public education system and provides . . . maximum interaction between handicapped and nonhandicapped pupils . . . ." (*Education Code* Section 56031).

Facilities and Equipment

The speech-language program's environment shall be suitably situated, constructed, furnished, and maintained, so that students receive effective professional services under conditions of maximum efficiency, safety, comfort, and privacy.

Recommendations for Facilities

The instructional area should allow adequate space for both individual or group therapy. The room should be located away from sources of distracting noises such as the cafeteria, auditorium, band room, bathroom, playground, or boiler or furnace room. A recommended location would be near the administrative offices, health room, or guidance office. The room should also be free of architectural barriers, thus making it readily accessible to all students.

Good lighting, adequate ventilation, and several electrical outlets are essential. Furnishings should be appropriate for the type of services rendered. For example, a table and chairs suitable in size for the students should be available, and the specialist should have a locked file cabinet for students' records and adequate storage space for program materials and equipment. Each therapy room should also have a chalkboard and a mirror.

Recommendations for Equipment

Each language, speech, and hearing specialist should have a tape recorder. Auditory training units should be available for use with hearing-impaired students receiving language-speech services. Other audiovisual equipment, such as tape recorder equipment and phonographs, should be accessible either from a central equipment storage or the media center in each school.

Teaching-learning materials, diagnostic instruments, workbooks, and other equipment for therapy are necessary for the language-speech specialist to perform effectively. A battery of current multilingual assessment materials should be maintained and made available in sufficient quantity to prevent delay in testing and placement.

APPENDIX G

Resources Available

Appendix G presents lists of resources for information about technical assistance, severity rating scales, and computerized individualized education programs (IEPs).

Resources for Technical Assistance

Resources for technical assistance are available from the California State Department of Education, other state agencies, and various state and national organizations.

California State Department of Education

For information about identification, assessment, instruction and services, curriculum, public school programs, private schools and agencies, directories, funding, legal requirements, and monitoring, one should contact the following divisions of the California State Department of Education. The mailing address for offices in Sacramento is California State Department of Education, P.O. Box 944272, Sacramento, CA 94244-2720.

Field Services, North
Special Education Division
721 Capitol Mall
Sacramento, California
(916) 322-5038

Field Services, South
Special Education Division
601 West Fifth St., Suite 1014
Los Angeles, CA 90071-2073
(213) 620-4244

Infant Preschool Program
Special Education Division
721 Capitol Mall
Sacramento, California
(916) 322-8411

Information about basic curriculum and instruction may be obtained from:

Curriculum, Instruction, and Assessment Division
721 Capitol Mall
Sacramento, California
(916) 322-0498

Information about vision screening and health services is available from:

Health, Nutrition, and Physical Education Unit
721 Capitol Mall
Sacramento, California
(916) 322-5420

For information about vocational education for the visually impaired, one should contact:

Career-Vocational Education Division
721 Capitol Mall
Sacramento, California
(916) 445-3314

Materials and equipment, aural media, and transcribers, as well as information about these resources, are available from:

Clearinghouse Depository for
Handicapped Students
1025 P Street, Room 251
Sacramento, California
(916) 445-5103

Assistance with program evaluation is available from:

Program Evaluation and Research Division
Administration and Local Evaluation Assistance
721 Capitol Mall
Sacramento, California
(916) 322-5010

Information about students with other special needs is available from:

Categorical Support Programs Division
721 Capitol Mall
Sacramento, California
(916) 445-7492

Additional Resources

Services from agencies other than the California State Department of Education are available to the language, speech, and hearing specialist.

Information regarding state licensure may be obtained from:

Speech Pathology and Audiology Examining
Committee
1430 Howe Ave., Suite 86
Sacramento, CA 95825
(916) 920-6388

Information regarding credentialing may be obtained from:

Commission on Teacher Credentialing
1812 9th St.
Sacramento, CA 95814-7000
(916) 445-7254

The address of the main office of the California State Department of Rehabilitation is:

Department of Rehabilitation
830 K St. Mall
Sacramento, CA 95814
(916) 445-8638

District offices are located throughout the state.

The following organizations sponsor an annual conference and provide information about language and speech services, including newsletters, journals, and directories:

California Speech-Language-Hearing
Association (CSHA)
825 University Ave.
Sacramento, CA 95825
(916) 921-1568

American Speech-Language-Hearing
Association (ASHA)
10801 Rockville Pike
Rockville, MD 20852
(800) 638-6868

Resources for Severity Rating Scales

This list of resources shows where information about severity rating scales is available. One should contact the sources listed below or the Special Education Division of the California State Department of Education. The mailing address for the California State Department of Education is P.O. Box 944272, Sacramento, CA 94244-2720.

Publications from ASHA

The following publications are available from the American Speech-Language-Hearing Association (ASHA):

Caseload Issues in Schools: How to Make Better Decisions. Rockville, Md.: American Speech-Language-Hearing Association, 1985.

Caseload Issues in Schools: Who Should be Served? Rockville, Md.: American Speech-I anguage-Hearing Association, 1983.

Order from:

ASHA, Publications Sales
10801 Rockville Pike
Rockville, MD 20852
(301) 897-5700 or (800) 638-6868

Resources in California

One may contact the staff members in special education from the following school districts:

Cajon Valley Union Elementary School District
Special Education Department
189 Roanoke Road
P.O. Box 1007
El Cajon, CA 92022
(619) 588-3000

Conejo Valley Unified School District
Instructional Services
Special Services/ESL
1400 East Janss Road
Thousand Oaks, CA 91362
(805) 497-9511

Los Angeles Unified School District
Division of Special Education
450 N. Grand Ave., A-223
Los Angeles, CA 90012
(213) 625-6251

Office of the Los Angeles County
Superintendent of Schools
Division of Special Education
9300 E. Imperial Hwy.
Downey, CA 90242-2890
(213) 922-6111

Resources for Computerized IEPs

The forms used by various local educational agencies (LEAs) and special education local plan areas (SELPAs) throughout California have been scrutinized by local professionals and by State Department of Education personnel to find the most convenient, efficient, yet legal, format. Many LEAs are accustomed to their own individualized education program (IEP) format. Therefore, adapting or streamlining that format for only the language, speech, and hearing/designated instruction and services (LSH/DIS) may be more appealing than introducing an entirely new document for all services would be. Chapter Five contains suggestions for streamlining the IEP and other forms.

A computerized IEP procedure that is currently being developed in several SELPAs in California is recommended as being highly efficient. Using computers in writing reports and IEPs is one way to reduce excessive time spent on these tasks.

Advantages of Computerized IEPs and Reports

Computerized IEPs and reports have the following advantages:

1. Rewriting identical information is eliminated. Once the data from a report have been entered into a computer, information can be easily transferred from that report to the IEP with the push of a key. Time required to write the IEP can be cut by as much as 75 percent.
2. Goals and objectives can be selected from a bank of previously entered data and transferred to the IEP in seconds. Specificity and individualization are easily achieved.
3. Reports and IEPs have a neat and professional appearance.
4. NCR• copies are clear and easily readable.

Disadvantages of Computerized IEPs and Reports

Computerized IEPs and reports also have some disadvantages:

1. Software must be revised to accommodate forms used locally. Some forms must be changed to a vertical format for use with particular software.
2. A bank of goals and objectives must be developed and programmed prior to use.
3. Personnel training in computer use is necessary. For some professionals basic computer knowledge is a necessary first step.
4. The expense of having computers available for professionals is sometimes prohibitive.

Resource Persons

The following resources are provided for persons who want to obtain additional information:

Ken Butler
Special Education
Mt. Diablo Unified School District
1936 Carlotta Dr.
Concord, CA 94519
(415) 682-8000

Kay Fielder
Greater Anaheim SELPA
830 S. Dale Street
Anaheim, CA 92804
(714) 821-0800

Matt Galvach
Office of the Mendocino County Superintendent of Schools
2240 Eastside Road
Ukiah, CA 95482
(707) 463-4838

David Henderson
Placer/Nevada County SELPA
11745 Maltman Dr.
Grass Valley, CA 95945
(916) 272-7222

Harold Lockey
Office of the Kern County Superintendent of Schools
5801 Sundale Ave.
Bakersfield, CA 93309-2924
(805) 398-3600

Lynn Pletcher
Yucaipa Joint Unified School District
12797 Third St.
Yucaipa, CA 92399
(714) 797-0174

Susanna Waddell
San Benito/Santa Cruz SELPA
9055 Soquel Dr.
Aptos, CA 95003
(408) 688-5371

APPENDIX H

Self-review Guide

This self-review guide contains criteria for evaluating the program components of language, speech, and hearing services to identify:

1. Program effectiveness of language and speech programs in California
2. Program areas which are not present and need to be added
3. Program areas present, but not operating efficiently
4. Evaluative information for purposes of personnel development
5. Program effectiveness linked to successful student outcomes
6. Components of effective language and speech programs

The Identification and Referral Process

Criteria	Status[1] 1	2	3	4	Comments
How effective is your program in providing for each of the following:					
I. Procedures for identification and referral of language and speech-impaired individuals?					
A. Procedures exist to ensure that students are referred for language and speech services only after the resources of regular education and/or the student study team (SST) have been used where appropriate?					
B. A screening procedure is established using credentialed language and speech personnel to determine the need for an assessment?					
C. The regular classroom teacher provides support data?					
D. Parents and community members are informed of normal language and speech behaviors and signs that may indicate a communication impairment?					
II. Referral Process?					
A. A handbook clearly defining policies and procedures regarding identification and referral is consistently used?					
B. Referral procedures are coordinated with other special education programs?					
Language Assessment					
How effective is your program in the following areas:					
I. Ensuring that the examiner is knowledgeable in:					
A. Language and speech development at all levels?					
B. Current assessment tools?					
C. Alternative modes of communication?					
D. Different methods of presenting or administering tests?					
E. The use of a trained interpreter or translator when indicated?					

[1]The numbers in the "Status" column signify the following: 1 = Ineffective, 2 = Somewhat effective, 3 = Effective, 4 = Very effective.

Criteria	Status[1] 1	2	3	4	Comments
F. The number of standardized instruments needed to complete a valid assessment?					
G. Assessment of all areas of suspected disability?					
II. Ensuring that the assessment plan includes:					
A. A description of all language and speech areas to be assessed?					
B. The primary language of the student?					
C. The language proficiency status of the student?					
D. Results written in the primary language of the parent?					
E. Written information on alternative means of assessment, if used?					
III. Ensuring that the assessment report includes:					
A. Dates of assessment?					
B. Individual's present level of functioning in language and speech areas in primary language?					
C. Areas of language and speech assessed with tests used and scores obtained?					
D. Data to determine program eligibility?					
E. Discussion and determination of test results?					
F. Information regarding language and speech needs and their relationship to any other handicap?					
G. Recommendations for instruction?					
H. Summary statement?					
I. Social, emotional, and educational impact of language and speech disorders?					
IV. Ensuring that the language and speech annual review includes:					
A. An evaluation of progress made?					
B. A determination of whether annual testing is indicated?					
C. Recommendations for determining new goals and objectives?					
V. Ensuring that the language and speech triennial review includes:					
A. Parental consent that has been obtained prior to reassessment?					
B. Reevaluation of all areas of suspected disability?					
C. Exit criteria that have been met?					
Characteristics of Effective Language and Speech Programs					
How effective is your program for each of the following areas:					
I. Ensuring that the designated instruction and services (DIS) staff are housed in facilities that provide:					
A. Adequate space for the student population?					

[1]The numbers in the "Status" column signify the following: 1 = Ineffective, 2 = Somewhat effective, 3 = Effective, 4 = Very effective.

Criteria	Status[1] 1	2	3	4	Comments
B. Appropriate equipment for staff and student populations?					
C. Grounds and facilities in good repair?					
II. Ensuring that a variety of DIS options are available for students:					
A. Infant programs?					
B. Preschool programs?					
C. Elementary programs?					
D. Home-based programs?					
E. Primary language-based programs?					
F. Individual and small-group services?					
G. Secondary programs?					
H. Classroom intervention programs?					
I. Innovative classroom programs?					
J. Consultation services?					
K. Parent education?					
III. Ensuring that staff development based on a needs assessment is provided?					
IV. Ensuring that parent education programs are available?					
V. Ensuring that research is implemented to address pertinent issues, including:					
A. Identification and provision of services for preschool and at-risk children?					
B. Factors contributing to the success of various DIS intervention programs and strategies?					
C. Indexes that best predict effective program strategies to maximize attainment of student goals?					
D. Information that is coordinated to disseminate results of research?					
VI. Ensuring that a sequence for the certification and licensure process is available to staff?					
VII. Ensuring that a process for continuing education to update LSH specialists is available through workshops, in-service training, professional staff meetings highlighted with expert speakers, teleconferences, video library, conference attendance, and university collaboration?					
VIII. Ensuring that program specialists are available to:					
A. Develop and extend skill of staff?					
B. Bring new development into practice?					
C. Provide assistance to LSH specialists?					
IX. Developing a process to collaborate with university personnel in the teacher preparation process to ensure that student graduates are prepared to work in a public school environment?					

[1]The numbers in the "Status" column signify the following: 1 = Ineffective, 2 = Somewhat effective, 3 = Effective, 4 = Very effective.

Criteria	Status[1] 1	2	3	4	Comments
X. Ensuring that staff attitudes reflect skills to cooperate and communicate with:					
A. Classroom teachers?					
B. School administrators?					
C. Parents and the community (in the language of the family, when possible)?					
XI. Ensuring that individualized staff expertise is available to share with colleagues?					
XII. Ensuring that a positive climate and high staff morale are developed with:					
A. Open communication among administrators and staff?					
B. Shared decision making among staff and administrators?					
C. Goals and objectives of the program that are delineated, understood, and accepted by all?					
D. Recommendations that are solicited by administrators during program planning stages?					
XIII. Ensuring that interagency networks are established to provide opportunities for children and parents to participate in programs?					
XIV. Ensuring that documentation exists to determine whether a student is ready to leave the DIS placement on the baisis of one or more of the follówing:					
A. Language and speech disorders present prior to enrollment have been remediated?					
B. The skill level of communication development is compatible with the individual's functioning level?					
XV. Ensuring that the principles in the code of ethics for language and speech personnel are consistently demonstrated by appropriate behavior with students, the public, and fellow professionals?					
XVI. Ensuring that geographic or demographic constraints do not deprive students in a SELPA from receiving language and speech services needed to function in an educational environment?					
XVII. Ensuring that a system is in place to evaluate the instructional programs for:					
A. Instructional strategies?					
B. Student progress toward attainment of goals and objectives?					
C. Delivery models?					
D. Curriculum?					
E. Cost accounting?					

[1]The numbers in the "Status" column signify the following: 1 = Ineffective, 2 = Somewhat effective, 3 = Effective, 4 = Very effective.

Resource Materials and Forms

Appendix I contains the varied materials and forms that are cited in this publication. The titles are organized according to the order in which they are mentioned in the preceding chapters. Pages may be removed from this section and used as masters for duplication. Titles that appear in this appendix are:

- "General Classroom Modifications"
- "Speech and Language Modifications for the Regular Education Program"
- "Structured Interview (Sample Questions and Tasks)"
- "Suggested Language Sample Collection Techniques"
- "Eligibility Criteria for Speech and Language Disorders"
- "Eligibility Criteria for Individuals with Exceptional Needs, Aged Birth to Four Years Nine Months
- "Infant and Preschool Developmental Age Equivalents"
- "Checklist of Eligibility Guidelines for Non-English Background Students"
- Form 1, "Speech and Language Assessment, Secondary Level"
- "Developing a Severity Rating Scale and Minimum Contact Schedule"
- Form 2, "Language, Speech, and Hearing Referral, Assessment Plan, and Notice of Meeting"
- Form 3, "Language, Speech, and Hearing Assessment Report and Individualized Education Program"
- Form 4, "Student's Referral Form"
- Form 5, "Assessment Plan"
- Form 6, "LHS Specialist's Assessment Report"
- Form 7, "Notice of Meeting"
- Form 8, "Individualized Education Program, Language, Speech, and Hearing (DIS)"

General Classroom Modifications

In the appropriate box give the date when classroom modifications were made to accommodate students with speech, language, or hearing difficulties.

Date	
	1. Provide a home-school checklist.
	2. Provide peer partners or a "buddy" system.
	3. Provide preferential seating.
	4. Provide cross-age tutoring.
	5. Increase routine and predictability.
	6. Move about room to maintain attention.
	7. Touch students occasionally to reward or orient.
	8. Use visual aids and examples liberally.
	9. Provide parent/teacher conferences.
	10. Consult with fellow teachers.
	11. Use easier material or shorter assignments than those usually given.
	12. Provide classroom contracts.
	13. Begin the day by reviewing the schedule and expectations.
	14. Study check sheets.
	15. Decrease change.
	16. Create a quiet study area.
	17. Provide breaks during the instructional day.
	18. Provide period-by-period reinforcement.
	19. Change teacher or grade.
	20. Modify the schedule or shorten the school day.
	21. Increase student participation in commitment and decision making.
	22. Obtain adult tutor volunteers.

Speech and Language Modifications for the Regular Education Program

In the appropriate box give the date when the activities listed below were completed.

Date	**Articulation**
	1. Provide sound discrimination activities.
	2. Provide sound awareness activities.
	3. Develop a sound book.
	4. Identify a target sound of the week.

Language: Listening

	1. Keep directions simple; use short sentences.
	2. Provide visual cues and examples.
	3. Ask students to repeat or paraphrase directions to determine whether they have been received.
	4. Supervise initial work on a new activity.
	5. Demonstrate directions.
	6. Shorten amount of verbalization.
	7. Gain the student's attention and limit other movement when directions are being given.
	8. Give directions at the student's eye level.
	9. Check for understanding before proceeding.
	10. Encourage questions.
	11. Speak directly, loudly, and clearly.
	12. Use a written checklist or sequence.
	13. Color code the routine and sequence.

Language: Vocabulary Concepts

	1. Teach vocabulary words in context.
	2. Encourage use of dictionary.
	3. Teach categorization or classification activities.

Date

	4. Develop unit vocabulary lists from textbooks to send home.
	5. Teach synonyms and antonyms.
	6. Expand sentences with adverbs and adjectives.
	7. Brainstorm attributes of objects.
	8. Use newspapers to build practical vocabulary.
	9. Introduce and review lesson vocabulary prior to presenting the lesson.

Verbal Expression

	1. Model expected responses.
	2. Expand and model the student's verbal expressions.
	3. Encourage persuasive communication.
	4. Listen carefully, maintain eye contact, and show interest.
	5. Retell stories; verbally summarize directions or chapters.
	6. Ask students to make up stories.
	7. Encourage parents to enrich everyday experiences and stress communication exchanges.
	8. Encourage students to verbalize rather than to the use gestures or facial expressions.
	9. Attempt choral reading.
	10. Stimulate expression by asking who, what, when, where, and why questions.
	11. Incorporate puppets, role-playing, or drama.
	12. Encourage the use of adverbs or adjectives.
	13. Call on reluctant students when they have the answer.
	14. Promote leadership in nonverbal activities.
	15. Use correct and incorrect sentences; have students judge correctness.
	16. Provide a statement; ask students to form a question.
	17. Provide a word; ask students to form a sentence.
	18. Stress verb tense being used.

Fluency

Date	
	1. Discourage interruptions when the student blocks on a word.
	2. Do not fill in words; wait patiently showing interest.
	3. Minimize competition.
	4. Remove time pressures in speaking.
	5. Avoid calling on students alphabetically or according to seating arrangements.
	6. Gain the student's attention.
	7. Observe the degree of fluency in speaking situations and encourage participation in fluent situations.
	8. Do not ask the student to stop and start over; accept whatever quality of language is expressed.
	9. Allow considerable flexibility in mode of responding (taped book reports, reports from seats, and so forth).
	10. Model acceptance for individual differences; for example, strengths and weaknesses.
	11. Talk and act calmly.
	12. Communicate positive regard for the content of the communication and accept any quality.
	13. Facilitate nonverbal activities in which the student can succeed.
	14. Call on students randomly.

Voice*

	1. Seek medical interventions as appropriate by consulting with the school nurse regarding possible medical concerns (injuries, allergies, or hearing loss).
	2. Monitor and note different situations for excessive yelling, screaming, shouting, or other verbal abuse; then reduce instances of abuse.
	3. Observe voice in various situations; too loud or soft, tense, strained, and so forth. Develop lists and charts of situations and review with the LSH specialist.
	4. Consult with the parents; are they concerned? Is the problem continual or seasonal?
	5. Observe for unnatural use of voice; e.g., imitates cars, squealing, and so forth. Discuss this behavior with the student. Monitor and reward reductions in vocal abuse.
	6. Check whether the student participates in any activities requiring excessive vocal use (e.g., choir or cheerleading). Discontinue such activities as appropriate.

*The points listed above are suggestions rather than modifications. The intended emphasis is on observation and data collection.

Structured Interview

(Sample Questions and Tasks)

1. Identifying information/declarative sentences
   a. What is your name?
   b. What are your brother's and sister's names?
   c. What do you watch on television?
   d. Can you tell me about it?

2. Imitation skills
   a. Repeat digits.
   b. Repeat sentences.

3. Sequencing skills
   a. Tell the days of the week, months in the year, seasons, and holidays.

4. Classification (production/processing)
   a. Name in ten seconds as many animals (or fruits) as you can.
   b. Identify which of three to four items go together and describe why.

5. Question format
   a. Can understand *wh* questions.
   b. Can use *wh* questions.

6. Directionality/laterality
   a. Tell how to get to your house.
   b. Show right and left.

7. Temporality (past and future tense verbs)
   a. Tell me what you did yesterday.
   b. Tell me what you will do tomorrow.
   c. Tell me what your mother will do tomorrow.

8. Expression
   a. Can understand whether a phrase is incorrect.
   b. Can use sentences of six to seven words.
   c. Can speak with native sound system under control.

9. Understands humor/inferences/absurdities
   a. Can tell jokes.
   b. Can understand peer-level jokes.
   c. Can explain absurdities.

10. Prepositions
    a. Can understand basic prepositions: *in*, *on*, *under*, and *behind*.
    b. Can use prepositions appropriately: *in*, *on*, *under*, and *behind*.

11. Adjectives
    a. Can understand some colors, shapes, and textures.
    b. Can use colors, shapes, sizes, and so forth to describe items.

Suggested Language Sample Collection Techniques*

Elicited/Imitation	Elicited	Storytelling	Spontaneous
Carrow Elicited Language Inventory	*Multilevel Informal Language Inventory*	Responding to story sequence cards	Responding to open-ended questions
Northwestern Syntax Screening Test	*Structured Photographic Expressive Language Test*	Responding to pictures in storybooks	Describing familiar items
Clinical Evaluation of Language Functions (CELF) Diagnostic Battery: Model sentences	*Fullerton Language Test for Adolescents (FLTA), Experimental Edition:* Morphology competency	Responding to pictures depicting typical scenes	Relating how to perform familiar activities
Test of Language Development (TOLD): Sentence imitation		Story reformulation	*Detroit Tests of Learning Aptitude (DTLA):* Verbal absurdities
Oral Language Sentence Imitation Screening Test		*Detroit Tests of Learning Aptitude (DTLA):* Story construction	*Detroit Tests of Learning Aptitude (DTLA):* Social adjustment

*This list of techniques is not inclusive. Other techniques may be used.

Eligibility Criteria for Speech and Language Disorders

***California Code of Regulations, Title 5, Education,* Section 3030 (c):**

(c) A pupil has a language or speech disorder as defined in Section 56333 of the *Education Code*, and it is determined that the pupil's disorder meets one or more of the following criteria:

(1) Articulation Disorder

(A) The pupil displays reduced intelligibility or an inability to use the speech mechanism which significantly interferes with communication and attracts adverse attention. Significant interference in communication occurs when the pupil's production of single or multiple speech sounds on a developmental scale of articulation competency is below that expected for his or her chronological age or developmental level, and which adversely affects educational performance.

(B) A pupil does not meet the criteria for an articulation disorder if the sole assessed disability is an abnormal swallowing pattern.

(2) Abnormal Voice. A pupil has an abnormal voice which is characterized by persistent, defective voice quality, pitch, or loudness.

(3) Fluency Disorders. A pupil has a fluency disorder when the flow of verbal expression, including rate and rhythm, adversely affects communication between the pupil and listener.

(4) Language Disorder. The pupil has an expressive or receptive language disorder when he or she meets one of the following criteria:

(A) The pupil scores at least 1.5 standard deviations below the mean, or below the seventh percentile, for his or her chronological age or developmental level on two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan, or

(B) The pupil scores at least 1.5 standard deviations below the mean or the score is below the seventh percentile for his or her chronological age or developmental level on one or more standardized tests in one of the areas listed in subsection (A) and displays inappropriate or inadequate usage of expressive or receptive language as measured by a representative spontaneous or elicited language sample of a minimum of 50 utterances. The language sample must be recorded or transcribed and analyzed, and the results included in the assessment report. If the pupil is unable to produce this sample, the language, speech, and hearing specialist shall document why a 50-utterance sample was not obtainable and the contexts in which attempts were made to elicit the sample. When standardized tests are considered to be invalid for the specific pupil, the expected language performance level shall be determined by alternative means as specified in the assessment plan.

Eligibility Criteria for Individuals with Exceptional Needs, Aged Birth to Four Years Nine Months

***California Code of Regulations, Title 5, Education*, Section 3031(a) and (b):**

(a) A child, age birth to four years nine months shall qualify as an individual with exceptional needs pursuant to *Education Code* Section 56026 (c)(1)(2) if the individualized education program (IEP) team determines that the child meets the following criteria:

(1) Is identified as an individual with exceptional needs pursuant to Section 3030, and
(2) Is identified as requiring intensive special education and services by meeting one of the following:

(A) The child is functioning at or below 50 percent of his or her chronological age level in any one of the following skill areas:

1. Gross or fine motor development;
2. Receptive or expressive language development;
3. Social or emotional development;
4. Cognitive development; and
5. Visual development.

(B) The child is functioning between 51 percent and 75 percent of his or her chronological age level in any two of the skill areas identified in Section 3031(2)(A).

(C) The child has a disabling medical condition or congenital syndrome which the individualized education program team determines has a high predictability of requiring intensive special education and services.

(b) Programs for individuals with exceptional needs younger than three years of age are permissive in accordance with Section 56001(c) of the *Education Code* except for those programs mandated pursuant to Section 56425 of the *Education Code*.

Infant and Preschool Developmental Age Equivalents

Chronological Age	*Developmental Age with 50 Percent Delay*	*Developmental Age with 25 Percent Delay*
0 years 6 months	0 years 3.00 months	0 years 4.50 months
0 years 7 months	0 years 3.50 months	0 years 5.25 months
0 years 8 months	0 years 4.00 months	0 years 6.00 months
0 years 9 months	0 years 4.50 months	0 years 6.75 months
0 years 10 months	0 years 5.00 months	0 years 7.50 months
0 years 11 months	0 years 5.50 months	0 years 8.25 months
1 year 0 months	0 years 6.00 months	0 years 9.00 months
1 year 1 month	0 years 6.50 months	0 years 9.75 months
1 year 2 months	0 years 7.00 months	0 years 10.50 months
1 year 3 months	0 years 7.50 months	0 years 11.25 months
1 year 4 months	0 years 8.00 months	1 year 0 months
1 year 5 months	0 years 8.50 months	1 year .75 months
1 year 6 months	0 years 9.00 months	1 year 1.50 months
1 year 7 months	0 years 9.50 months	1 year 2.25 months
1 year 8 months	0 years 10.00 months	1 year 3.00 months
1 year 9 months	0 years 10.50 months	1 year 3.75 months
1 year 10 months	0 years 11.00 months	1 year 4.50 months
1 year 11 months	0 years 11.50 months	1 year 5.25 months
2 years 0 months	1 year .00 months	1 year 6.00 months
2 years 1 month	1 year .50 months	1 year 6.75 months
2 years 2 months	1 year 1.00 month	1 year 7.50 months
2 years 3 months	1 year 1.50 months	1 year 8.25 months
2 years 4 months	1 year 2.00 months	1 year 9.00 months
2 years 5 months	1 year 2.50 months	1 year 9.75 months
2 years 6 months	1 year 3.00 months	1 year 10.50 months
2 years 7 months	1 year 3.50 months	1 year 11.25 months
2 years 8 months	1 year 4.00 months	2 years 0 months
2 years 9 months	1 year 4.50 months	2 years .75 months
2 years 10 months	1 year 5.00 months	2 years 1.50 months
2 years 11 months	1 year 5.50 months	2 years 2.25 months
3 years 0 months	1 year 6.00 months	2 years 3.00 months
3 years 1 month	1 year 6.50 months	2 years 3.75 months
3 years 2 months	1 year 7.00 months	2 years 4.50 months
3 years 3 months	1 year 7.50 months	2 years 5.25 months
3 years 4 months	1 year 8.00 months	2 years 6.00 months
3 years 5 months	1 year 8.50 months	2 years 6.75 months

Chronological Age	*Developmental Age with 50 Percent Delay*	*Developmental Age with 25 Percent Delay*
3 years 6 months	1 year 9.00 months	2 years 8.25 months
3 years 7 months	1 year 9.50 months	2 years 9.00 months
3 years 8 months	1 year 10.00 months	2 years 9.75 months
3 years 9 months	1 years 10.50 months	2 years 10.50 months
3 years 10 months	1 year 11.00 months	2 years 11.25 months
3 years 11 months	1 year 11.50 months	3 years 0 months
4 years 0 months	2 years .00 months	3 years .75 months
4 years 1 month	2 years .50 months	3 years 1.50 months
4 years 2 months	2 years 1.00 month	3 years 2.25 months
4 years 3 months	2 years 1.50 months	3 years 3.00 months
4 years 4 months	2 years 2.00 months	3 years 3.75 months
4 years 5 months	2 years 2.50 months	3 years 4.50 months
4 years 6 months	2 years 3.00 months	3 years 5.25 months
4 years 7 months	2 years 3.50 months	3 years 6.00 months
4 years 8 months	2 years 4.00 months	3 years 6.75 months
4 years 9 months	2 years 4.50 months	3 years 7.50 months
4 years10 months	2 years 5.00 months	3 years 8.25 months
4 years 11 months	2 years 5.50 months	3 years 9.00 months
5 years 0 months		3 years 9.75 months
5 years 1 month		3 years 10.50 months
5 years 2 months		3 years 11.25 months
5 years 3 months		4 years 0 months
5 years 4 months		4 years .75 months
5 years 5 months		4 years 1.50 months
5 years 6 months		4 years 2.25 months
5 years 7 months		4 years 3.00 months
5 years 8 months		4 years 3.75 months
5 years 9 months		4 years 4.50 months
5 years 10 months		4 years 5.25 months
5 years 11 months		

Checklist of Eligibility Guidelines for Non-English Background Students

Student's name: _____ Date: _____

Place a checkmark in the appropriate box.

Indicators

Agree	*Disagree*	*N/A*	
☐	☐	☐	1. A language disorder exists in the student's native language (corroborated by a combination of specialist's assessment, interpreter or translator, and parent).
☐	☐	☐	2. The student is slow to acquire English despite ESL and school interventions (verified by ESL personnel, regular classroom teacher, and so forth).
☐	☐	☐	3. Cultural or experiential differences and economic disadvantages are not the primary cause of the student's learning problems (verified by interview).
☐	☐	☐	4. The student is noticeably slower than siblings are in rate of learning at home (verified by interview).
☐	☐	☐	5. Poor academic progress was noted in the student's native country (if applicable, verified by interview).
☐	☐	☐	6. The student's academic achievement is significantly below his or her English language proficiency (certified by ESL and special education alternative assessment).

Conclusions (Based on the Above Indicators)

Agree	*Disagree*	*N/A*	
☐	☐	☐	1. Other school resources have been used and found insufficient to meet the student's needs (e.g., Chapter I, Bilingual/ESL class, tutoring, and so forth).
☐	☐	☐	2. Limited-English-language acquisition is not the primary cause of a child's learning problems.
☐	☐	☐	3. After the above information has been considered, the student appears to meet the special education eligibility criteria of *California Code of Regulations, Title 5, Education*, Section 3030 (c).

Form 1
Speech and Language Assessment, Secondary Level

Identify:
Name: _____ Birth date: _____ Chronological age: _____ Current program: _____
Address: _____ (Number, Street) Parent's name: _____ Grade: _____ School: _____
_____ (City, State, ZIP code) Telephone: (___) _____ Examination date: _____ Examiner: _____

Name of test or subtest	Raw Score	Assessment Results				
		Severe	Moderate	Mild	Average	Strength
	Percentile	2	7	16	50	84
	Standard deviation	-2	-1.5	-1	0	+1
	Age					
Oral Language Skills	Grade					
Morphology (use of prefixes and suffixes):						
FLTA (morphology competency)*						
Informal language sample						
Story reformulation						
Syntax						
FLTA (grammatic competency)						
CELF (formulated sentences)†						
Informal language sample						
Semantics (use, comprehension, and manipulation using vocabulary)						
DTLA (story construction)‡						
DTLA (verbal absurdities)						
FLTA (convergent production)						
FLTA (divergent production)						
Story reformulation						
Pragmatics (conversational skills):						
Informal observation checklist						
"Let's Talk" Inventory for Adolescents						

Observed Behavior

- ☐ Has limited attention or focus
- ☐ Responds impulsively
- ☐ Delays responses
- ☐ Seeks clarification often
- ☐ Reauditorizes
- ☐ Needs repetition
- ☐ Fails to ask for clarification
- ☐ Has difficulty finding words
- ☐ Restarts
- ☐ Perseverates
- ☐ Uses stereotypic language patterns
- ☐ Uses tangential language
- ☐ Uses circumlocution
- ☐ Is verbose
- ☐ Is unable to switch tasks
- ☐ Has limited eye contact
- ☐ Uses interjections
- ☐ Initiates conversation freely
- ☐ Is cooperative
- ☐ Is attentive
- ☐ Asks for clarification

*FLTA represents *Fullerton Language Test for Adolescents, Experimental Edition.*
†*CELF* represents *Clinical Evaluation of Language Functions—Diagnostic Battery.*
‡*DTLA* represents *Detroit Tests of Learning Aptitude.*

Developing a Severity Rating Scale and Minimum Contact Schedule

The following guidelines may be used to develop a severity rating scale for speech and language. However, such scales should be tailored to the student's individual needs.

1. Develop the severity levels for the rating scale.
   a. Mild, moderate, severe
   b. Normal, minimal, mild, moderate, severe, profound
   c. Mild, mild-moderate, moderate, moderate-severe, severe
   d. Priority: 1 (prevents), 2 (limits), 3 (interferes)
   e. Mild, moderate, severe, profound, multiple
   f. Numerical scale (one to ten)
2. Determine behavioral characteristics or assessment scores that are appropriate cutoffs for each level of the severity scale.
   a. Age-level norms
   b. Standard deviation
   c. Number of errors
   d. Rate
   e. Scaled score composite
3. Develop cutoff scores by severity level for articulation, language, voice, and fluency. Determining cutoff scores for each level of severity can be done by using suggested criteria, if any, included with standardized assessments or by analyzing records of communicatively handicapped children previously enrolled and dismissed. Once proposed cutoff scores are developed, they can be ratified by staff and then become the standard for professional practice.
4. Review a sample of records from communicatively handicapped children who have been dismissed and determine the severity rating. Using the accepted cutoff scores for each severity level, determine the severity for each student. Obtain 25 to 50 records for each severity level. Categorize the records by severity level and by communicative disorder, including articulation, language, voice, and fluency. Make sure you have records for each disorder.
5. Review the categorized student records and obtain the following data:
   a. Average number of hours of direct instruction provided from enrollment to dismissal. Direct instructional time is computed on an individual rather than on a group basis; e.g., if a child were enrolled in a group of three students for 30 minutes per session, the direct instructional time would be ten minutes (30 divided by three equals ten).
   b. Average total hours of service received (This amount includes total session time for individual and group service from enrollment to dismissal.)
   c. Average number of sessions from enrollment to dismissal
   d. Average number of school days from enrollment to dismissal
   e. Average number of hours of direct instruction and average number of sessions for each change in severity; e.g., from profound to severe, severe to moderate, and so forth

Example

Severity	*Profound*	*Severe*	*Moderate*	*Mild*	*Normal*
Hours to reduce to normal	100	70	40	10	0
Average number of sessions	300	210	120	30	0

In addition to determining averages for items *a* through *e*, collecting information on the range for each item is also helpful.

6. Determine how long you want communicatively handicapped children in each severity category to receive services; e.g., three months, six months, one year, or two years.
7. Develop a minimum contact schedule for each severity level that provides sessions of sufficient frequency and intensity to meet exit time goals; e.g., if an average of 72 hours of direct instruction is needed from enrollment to dismissal for a child categorized as severe and you want the exit time to be within a two-year period, the child would need to be scheduled a minimum of one hour per week for the 72 weeks of school in the two-year period.

Form 2
Language, Speech, and Hearing
Referral, Assessment Plan, and Notice of Meeting

Student Information

Student's name: _____ (Last) _____ (First) _____ (Middle)

Birth date: _____ Chronological age: _____ M: ☐ F: ☐

Name of parent: _____ (Last) _____ (First) Phone: ( ) _____ (Home) ( ) _____ (Work)

Address: _____ (Street) _____ (City) _____ (State) _____ (ZIP code)

Primary language: Student's: _____ Home: _____ Language proficiency status: _____

Referral

Person referring: _____ (Name) _____ (Position) Referral date: _____

Reason for referral: _____

_____

Prior interventions and/or modifications of the regular education program (Include SST actions or screening data.)

_____

Assessment Plan

The proposed assessment is to help us learn more about the educational needs of your child. Assessments will be conducted by qualified staff. No decision on program placement will be made without your written consent.

☐ Language/speech communication development: Assessment in this area measures the student's ability to understand, relate to, and use language, speech, and nonoral communication clearly and appropriately. Tests may include, but are not limited to: observation; *Illinois Test of Psycholinguistic Abilities; Peabody Picture Vocabulary Test (Revised);* language sample; *Clinical Evaluation of Language Function, Elementary and Advanced Screening;* and *Assessment of Phonological Processes (Revised).*

☐ Alternative assessment: (Use of criterion-referenced tests, behavioral observations, and so forth)

☐ Recent assessments/independent assessments (descriptions): _____

_____

Your written consent is required before assessment can begin.

☐ I hereby give my consent for the assessment listed above.

☐ I have received a copy of my rights.

Parent's signature: _____ Date: _____

Notice of Meeting

A meeting will be held after the assessment has been completed to discuss the results and review your child's possible need for special education services. An administrator or designee and the language-speech specialist will attend.

Date: _____ Time: _____ Location: _____

☐ I will attend the meeting as scheduled.

☐ Please reschedule the meeting: Date: _____ Time: _____ Location: _____

☐ I will not attend, but I agree to the meeting's being held in my absence. Send a copy of the IEP to me for my review, approval, and signature.

Parent's signature: _____ Date: _____

Parental Rights and Appeal Procedures

I. General Rights

- All handicapped children have the right to a free appropriate public education.
- Individuals have the right to privacy and confidentiality of all educational records, including the right to see, review, and, if necessary, challenge the records in accordance with the Family Educational Rights and Privacy Act of 1974.
- Individuals have the right to review and/or obtain a copy of the educational records prior to meetings.
- All handicapped children have the right to placement in the least restrictive learning environment and in the program with the least restrictive alternatives and to enjoy the same variety of programs as are available to the nonhandicapped.
- All individuals, on request, have the right to receive a full explanation of all procedural safeguards and right of appeal.
- Individuals, on request, have the right to free or low cost legal and other relevant services.

II. Rights Related to Assessment

- Initiate a request for educational assessment.
- Give or withhold written consent for any proposed assessment activities.
- Have 15 school days in which to give or withhold consent.
- Obtain an independent outside assessment at public expense if you disagree with the assessment conducted by the school. Procedures for obtaining such assessment shall be provided on request.
- Have an assessment that is designed to be free of racial or cultural discrimination.
- Have a description of the procedures and assessments to be used and to be fully informed of the assessment results.

III. Rights Related to the Individualized Education Program (IEP)

- Be notified prior to and to participate in and/or be represented at meeting(s).
- Be aware of the child's right to participate in the meeting(s) as appropriate.
- Have the meeting within 50 days from the date of receipt of signed consent.
- Have the meeting conducted in your primary language/communication mode.
- Give written consent for the special education placement or revoke consent at any time and consent to all or part of the IEP.
- Have at least an annual review of the IEP or whenever the parent believes the pupil is not making appropriate progress.
- Appeal the decision of the IEP team by due process hearing concerning the identification, evaluation, educational placement, or provision for a free appropriate educational program.

IV. Rights Related to Appeals

Education Code sections 56500 through 56505; and 34 *CFR*, sections 300.121(a), 300.506 through 300.514, 300.504(a)(1)(2), and 300.504(b).

A. Informal Conference

- Meet informally with the superintendent or director of the special education agency to resolve any issue(s) relating to the identification, assessment, education, and placement of the child or the provision of a free appropriate public education to the child.
- Be accompanied by a representative(s).
- Examine pupil records and have copies of any educational documents contained within and maintained by the public education agency.

B. Mediation Conference

- Request a mediation conference to be held within 15 days of the superintendent's receipt of written request for a fair hearing or waive mediation.
- Be accompanied by a representative(s).
- Examine pupil records and have copies of any educational documents contained within and maintained by the public education agency.
- Be informed by the superintendent of available free or low cost legal or other relevant services within three days of the receipt of written notification requesting a fair hearing.
- Have the student remain in his or her present educational placement pending all appeals.

C. Due Process Hearing

- A hearing to be held at a time and place of mutual convenience and within 45 days following receipt of written requests.
- Be informed of all rights and procedures related to the due process hearing.
- Receive ten days' notice prior to the hearing date; the notice is to include the date, time, and place of hearing.
- Present evidence, written arguments, and oral arguments.
- Be accompanied and advised by counsel and individuals with special knowledge or training relating to the problems of handicapped children.
- Consent, cross-examine, and compel the attendance of witnesses.
- Receive a written or electronic verbatim record of the hearing.
- Prohibit at the hearing the introduction of any evidence that has not been disclosed five days before the hearing.
- Receive a written finding of the facts and the decision within 45 days from the receipt from the superintendent of the request for a hearing, or 30 days following completion of the mediation conference.
- Appeal the decision to a court of competent jurisdiction.

D. Complaint Procedures

- File a complaint with the superintendent of the concerned local public educational agency regarding the public agency's alleged violation of federal or state law or regulation.
- Specify all relevant facts in his or her possession and provide any additional information believed to support the complaint.
- Request an informal review of the proposed decision with the superintendent or his or her designee.
- Request a hearing before the local board of education. *(The hearing shall be held at the first regularly scheduled meeting in accordance with the local governing board's procedures for scheduling such items.)*

Form 3
Language, Speech, and Hearing
Assessment Report and Individualized Education Program

Student's name: _____
Last First Middle

Birth date: _____ Chronological age: _____ M: ☐ F: ☐

Assessment report (Include required components.)

Signature: _____ Date: _____
Language, speech, and hearing specialist

IEP ☐ Initial IEP ☐ Annual review ☐ DIS speech-language services

Date: _____ Date of initiation: _____ Date of annual review: _____

Duration: _____ Frequency: _____

Present level of performance: _____

Annual Goals	Short-term Objectives	Review of Objectives
1.		Date: _____ Achieved ☐ Revised ☐
2.		Date: _____ Achieved ☐ Revised ☐
3.		Date: _____ Achieved ☐ Revised ☐

Signatures

Parent or guardian: _____ Date: _____

Language, speech, and hearing specialist: _____ Date: _____

Administrator or designee: _____ Date: _____

☐ I agree. ☐ I do not agree with the individualized education program (IEP).

☐ I agree to part of the IEP.

Parent/guardian/surrogate: _____

Form 4
Student's Referral Form

Student's name: Last First	Birth date:	Chronological age:
School:	Grade:	Teacher/Counselor:	Sex:
Name of parent or guardian:	Phone number: ( )
Address: Number Street City State ZIP code	
Language spoken at home: ☐ English ☐ Spanish ☐ Both ☐ Other: _____	
Referred by (name):	Date:
Position:	Phone number: ( )

1. Specify reason for referral:

2. Describe any attempted interventions (educational, psychological, medical, and so forth):

3. Describe any known significant health problems:

4. Provide current test information (screening, other):

5. List other agencies involved with the student and the name of the person to contact:

a. _____ Agency _____ Person to Contact

b. _____ Agency _____ Person to Contact

Form 5
Assessment Plan

☐ Original referral
☐ Three-year reassessment

To parent of : _____ Date: _____

School: _____ Grade: _____ Birth date: _____

Primary language: _____ Language proficiency status: _____

To meet your child's individual education needs, the following assessment may be required. Assessment will be conducted by qualified staff and, when appropriate, suitable interpreters. You will be asked to participate in a meeting of the individualized education program (IEP) team following completion of the assessment. You may receive a copy of the assessment findings, on request, prior to the IEP team meeting. The result of completing these assessments may be a recommendation for special education placement or services. No placement in special education will be made without your written permission. All information and assessment results will be kept confidential.

☐ **Academic Achievement**
Purpose: These tests measure current reading, spelling, arithmetic, and/or oral and written language skills. Tests may include, but are not limited to: *Wide Range Achievement Test, Peabody Individual Achievement Test,* and *Woodcock-Johnson Psycho-Educational Battery, Part 1.*

☐ **Social/Adaptive Behavior**
Purpose: These tests will indicate how your child copes and how he or she gets along with other people. Scales may include, but are not limited to: an interview, *Adaptive Behavior Scale for Infants and Early Childhood, Vineland Social Maturity Scale,* and Alpern-Boll-Shearer *Developmental Profile II.*

☐ **Psychomotor Development**
Purpose: Instruments in this area measure how well your child coordinates body movements in small-muscle and large-muscle activities. Visual and perceptual skills may also be measured. Tests may include, but are not limited to: *Frostig Developmental Test of Visual Perception,* Beery-Buktenica *Developmental Test of Visual-Motor Integration,* and *Bruininks-Oseretsky Test of Motor Proficiency.*

☐ **Language-Speech Communication Development**
Purpose: These tests measure your child's ability to understand, relate to, and use language and speech clearly and appropriately. Tests may include, but are not limited to: observation; *Illinois Test of Psycholinguistic Abilities (Revised Edition); Peabody Picture Vocabulary Test (Revised);* language sample; and *Clinical Evaluation of Language Functions, Elementary and Advanced Screening Tests.* This assessment will be conducted by an LSH specialist.

☐ **Intellectual Development**
Purpose: These tests measure how well your child remembers what he or she has seen and heard and how well he or she will perform in school. Verbal and performance instruments are used also, when appropriate. Tests may include, but are not limited to: *Wechsler Intelligence Scale for Children (Revised); Stanford-Binet Intelligence Scale; Leiter International Performance Scale;* and *Kaufman Assessment Battery for Children.* Tests yielding IQ scores cannot be administered to black students.

☐ **Other Tests**
Examples of other tests are hearing, vision, vocational, orientation, projection, observation, or interview.

Proposed methods: _____

☐ **Alternative Means of Assessment**

Proposed methods: _____

In the preceding boxes at the left, place the number for the professional who made the assessment. For example, if an LSH specialist made the assessment for "Academic Achievement," place a *4* in that box.

1. Audiologist
2. Psychologist
3. Nurse
4. Language, speech, and hearing (LSH) specialist
5. Special education teacher
6. Adapted physical education specialist
7. Other: _____ (Specify)

I will submit a written report(s) from: _____
(Name and title of person or agency that has assessed my son/daughter)

If you have any questions about the above assessment plan, please call:

Name and position: _____ Phone number: _____

This form must be signed before assessment can begin. Please read the statement of parents' rights on the back of this form before signing.

Please check one of the following and sign:

☐ I have read and understand the assessment plan outlined above.
☐ I consent to having the assessment indicated above made. I understand that the results will be kept confidential and that I will be invited to attend the individualized education program team meeting to discuss the results. I also understand that no special educational placement or service will result from this assessment without my written permission.
☐ I do not consent to the assessment described above.

_____ _____
(Signature of Parent/Guardian/Surrogate) (Date)

Parental Rights and Appeal Procedures

I. General Rights

- All handicapped children have the right to a free appropriate public education.
- Individuals have the right to privacy and confidentiality of all educational records, including the right to see, review, and, if necessary, challenge the records in accordance with the Family Educational Rights and Privacy Act of 1974.
- Individuals have the right to review and/or obtain a copy of the educational records prior to meetings.
- All handicapped children have the right to placement in the least restrictive learning environment and in the program with the least restrictive alternatives and to enjoy the same variety of programs as are available to the nonhandicapped.
- All individuals, on request, have the right to receive a full explanation of all procedural safeguards and right of appeal.
- Individuals, on request, have the right to free or low cost legal and other relevant services.

II. Rights Related to Assessment

- Initiate a request for educational assessment.
- Give or withhold written consent for any proposed assessment activities.
- Have 15 school days in which to give or withhold consent.
- Obtain an independent outside assessment at public expense if you disagree with the assessment conducted by the school. Procedures for obtaining such assessment shall be provided on request.
- Have an assessment that is designed to be free of racial or cultural discrimination.
- Have a description of the procedures and assessments to be used and to be fully informed of the assessment results.

III. Rights Related to the Individualized Education Program (IEP)

- Be notified prior to and to participate in and/or be represented at meeting(s).
- Be aware of the child's right to participate in the meeting(s) as appropriate.
- Have the meeting within 50 days from the date of receipt of signed consent.
- Have the meeting conducted in your primary language/communication mode.
- Give written consent for the special education placement or revoke consent at any time and consent to all or part of the IEP.
- Have at least an annual review of the IEP or whenever the parent believes the pupil is not making appropriate progress.
- Appeal the decision of the IEP team by due process hearing concerning the identification, evaluation, educational placement, or provision for a free appropriate educational program.

IV. Rights Related to Appeals

Education Code sections 56500 through 56505; and 34 *CFR*, sections 300.121(a), 300.506 through 300.514, 300.504(a)(1)(2), and 300.504(b).

A. Informal Conference

- Meet informally with the superintendent or director of the special education agency to resolve any issue(s) relating to the identification, assessment, education, and placement of the child or the provision of a free appropriate public education to the child.
- Be accompanied by a representative(s).
- Examine pupil records and have copies of any educational documents contained within and maintained by the public education agency.

B. Mediation Conference

- Request a mediation conference to be held within 15 days of the superintendent's receipt of written request for a fair hearing or waive mediation.
- Be accompanied by a representative(s).
- Examine pupil records and have copies of any educational documents contained within and maintained by the public education agency.
- Be informed by the superintendent of available free or low cost legal or other relevant services within three days of the receipt of written notification requesting a fair hearing.
- Have the student remain in his or her present educational placement pending all appeals.

C. Due Process Hearing

- A hearing to be held at a time and place of mutual convenience and within 45 days following receipt of written requests.
- Be informed of all rights and procedures related to the due process hearing.
- Receive ten days' notice prior to the hearing date; the notice is to include the date, time, and place of hearing.
- Present evidence, written arguments, and oral arguments.
- Be accompanied and advised by counsel and individuals with special knowledge or training relating to the problems of handicapped children.
- Consent, cross-examine, and compel the attendance of witnesses.
- Receive a written or electronic verbatim record of the hearing.
- Prohibit at the hearing the introduction of any evidence that has not been disclosed five days before the hearing.
- Receive a written finding of the facts and the decision within 45 days from the receipt from the superintendent of the request for a hearing, or 30 days following completion of the mediation conference.
- Appeal the decision to a court of competent jurisdiction.

D. Complaint Procedures

- File a complaint with the superintendent of the concerned local public educational agency regarding the public agency's alleged violation of federal or state law or regulation.
- Specify all relevant facts in his or her possession and provide any additional information believed to support the complaint.
- Request an informal review of the proposed decision with the superintendent or his or her designee.
- Request a hearing before the local board of education. *(The hearing shall be held at the first regularly scheduled meeting in accordance with the local governing board's procedures for scheduling such items.)*

Form 6
LSH Specialist's Assessment Report

☐ Initial assessment
☐ Three-year reassessment

Name of student: _____ School: _____

Date(s) tested: _____ Birth date: _____ Age: _____ Grade: _____ Sex: _____

1. Tests administered, scores, and language sample:

2. Interpretation of assessment, including relevant behavior noted during observation:

3. Relevant environmental, cultural, health, medical, attendance, or economic factors, as appropriate:

4. Conclusions and recommendations (including the need for specialized services, materials, and equipment for pupils with low-incidence disabilities, if appropriate):

_____ _____ _____

Signature | Title of specialist | Date report completed

Form 7
Notice of Meeting

☐ Initial review ☐ Annual review ☐ Three-year review ☐ Other: _____

Dear _____

A meeting of the individualized education program team is planned concerning your child:

_____ _____
First name Last name

The purposes of this meeting are to discuss and review your child's assessments, to recommend appropriate educational services if special education is necessary, and to develop an individualized education program.

You are requested to participate in this meeting. The meeting is scheduled for:

Date: _____ Time: _____ Place: _____

We anticipate that the following people will attend:

☐ Special education administrator or designee ☐ Speech and language specialist

☐ Regular classroom teacher ☐ Psychologist

☐ Student ☐ Other: _____

You may bring someone with you, or you may designate another person to be your representative if you are unable to attend. Please review the attached copy of your rights and procedural safeguards. If you would like further information about your rights or the purposes of this meeting, please contact:

_____

Sincerely,

_____

School or district: _____

Phone: _____ Date: _____

Please detach and return the bottom portion as soon as possible:

☐ I plan to attend the meeting. ☐ I do not plan to attend the meeting.

☐ I request the following time and date: _____

☐ Please contact me. Phone: _____

☐ I will be accompanied by: _____

_____
Parent's signature

Noninterisive ☐ Intensive ☐
Review ☐ Terminate ☐
(IEP) New ☐

Form 8
Individualized Education Program Language, Speech, and Hearing (DIS)

Birth to three years ☐
Three to five years ☐
Assessment date: _____

Language ☐ Stuttering ☐ Voice ☐ Articulation ☐

Name: _____ (Last / First) Sex: ___ Birth date/ID number: _____

Chronological age: _____ Grade: ___ School: _____ (Residence / Attendance)

Parents: _____ Phone number: (___) _____

Address: _____ Ethnic code* ☐

Primary language: _____ (Home / Pupil) LEP ☐ FEP ☐

Interpreter required: _____ Foster home: _____

Records filed (location): _____ Licensed home: _____

Statement for eligibility/termination: _____

DIS Service	Original date of initiation	Expected duration	Session/week	Minutes/week
Language, Speech, and Hearing				

Extended school year Yes ☐ No ☐ Consultative: _____

I have received my rights at the time of referral, assessment, and placement. I agree to the individualized program for my child and give permission for my child's placement.

Members:

Parent(s): _____ Date: _____

Administrator: _____ Date: _____

LSH Specialist: _____ Date: _____

Other (position): _____ Date: _____

Areas of Need in Communication Development
(Present levels of functioning)

Language: Receptive Expressive

Syntax: _____

Semantics: _____

Morphology: _____

Pragmatics: _____

Specific auditory processing deficit: _____

Fluency: _____

Voice: _____

Oral motor: _____

Articulation: _____

Hearing loss: _____

Areas of need: _____

Other related information regarding student's present levels of performance: _____

Goals	Objectives: Specify time, observable behavior, evaluation conditions, and criteria.	Monitoring of Goals and Objectives
1.	1. Initiation date: _____	Date: Reviewed: _____ Achieved: _____ Revision Recommended:
2.	2. Initiation date: _____	Date: Reviewed: _____ Achieved: _____ Revision Recommended:
3.	3. Initiation date: _____	Date: Reviewed: _____ Achieved: _____ Revision Recommended:

95

96

*Ethnic code: 1 = Native American, 2 = Asian, 3 = Pacific Islander, 4 = Filipino, 5 = Hispanic, 6 = Black, and 7 = White.

Publications Available from the Department of Education

This publication is one of over 650 that are available from the California State Department of Education. Some of the more recent publications or those most widely used are the following:

ISBN	Title (Date of publication)	Price
0-8011-0783-0	California Private School Directory, 1988-89 (1988)	$14.00
0-8011-0747-4	California Public School Directory (1989)	14.00
0-8011-0760-1	Celebrating the National Reading Initiative (1989)	6.75
0-8011-0749-0	Educational Software Preview Guide, 1988-89 (1988)	2.00
0-8011-0041-0	English–Language Arts Framework for California Public Schools (1987)	3.00
0-8011-0731-8	English–Language Arts Model Curriculum Guide, K—8 (1988)	3.00
0-8011-0786-5	Enrichment Opportunities Guide: A Resource for Teachers and Students in Mathematics and Science (1988)	8.75
0-8011-0710-5	Family Life/Sex Education Guidelines (1987)	4.00
0-8011-0804-7	Foreign Language Framework for California Public Schools (1989)	5.50
0-8011-0289-8	Handbook for Physical Education (1986)	4.50
0-8011-0249-9	Handbook for Planning an Effective Foreign Language Program (1985)	3.50
0-8011-0320-7	Handbook for Planning an Effective Literature Program (1987)	3.00
0-8011-0179-4	Handbook for Planning an Effective Mathematics Program (1982)	2.00
0-8011-0290-1	Handbook for Planning an Effective Writing Program (1986)	2.50
0-8011-0224-3	Handbook for Teaching Cantonese-Speaking Students (1984)	4.50
0-8011-0680-x	Handbook for Teaching Japanese-Speaking Students (1987)	4.50
0-8011-0291-x	Handbook for Teaching Pilipino-Speaking Students (1986)	4.50
0-8011-0712-1	History–Social Science Framework for California Public Schools (1988)	6.00
0-8011-0782-2	Images: A Workbook for Enhancing Self-esteem and Promoting Career Preparation, Especially for Black Girls (1989)	6.00
0-8011-0227-8	Individual Learning Programs for Limited-English-Proficient Students (1984)	3.50
0-8011-0358-4	Mathematics Framework for California Public Schools (1985)	3.00
0-8011-0664-8	Mathematics Model Curriculum Guide, K—8 (1987)	2.75
0-8011-0252-9	Model Curriculum Standards: Grades 9—12 (1985)	5.50
0-8011-0303-7	A Parent's Handbook on California Education (1986)	3.25
0-8011-0671-0	Practical Ideas for Teaching Writing as a Process (1987)	6.00
0-8011-0309-6	Program Guidelines for Hearing Impaired Individuals (1986)	6.00
0-8011-0817-9	Program Guidelines for Language, Speech, and Hearing Specialists Providing Designated Instruction and Services (1989)	6.00
0-8011-0684-2	Program Guidelines for Visually Impaired Individuals (1987)	6.00
0-8011-0311-8	Recommended Readings in Literature, K—8 (1986)	2.25
0-8011-0745-8	Recommended Readings in Literature, K—8, Annotated Edition (1988)	4.50
0-8011-0189-1	Science Education for the 1980s (1982)	2.50
0-8011-0339-8	Science Framework for California Public Schools (1978)	3.00
0-8011-0354-1	Science Framework Addendum (1984)	3.00
0-8011-0665-6	Science Model Curriculum Guide, K—8 (1987)	3.25
0-8011-0668-0	Science Safety Handbook for California High Schools (1987)	8.75
0-8011-0738-5	Secondary Textbook Review: English (1988)	9.25
0-8011-0677-x	Secondary Textbook Review: General Mathematics (1987)	6.50
0-8011-0265-0	Standards for Scoliosis Screening in California Public Schools (1985)	2.50
0-8011-0318-5	Students' Rights and Responsibilities Handbook (1986)	2.75
0-8011-0682-6	Suicide Prevention Program for California Public Schools (1987)	8.00
0-8011-0739-3	Survey of Academic Skills, Grade 8: Rationale and Content for Science (1988)	2.50
0-8011-0805-5	Visual and Performing Arts Framework for California Public Schools (1989)	6.00
0-8011-0670-2	Work Experience Education Instructional Guide (1987)	12.50

Orders should be directed to:

California State Department of Education
P.O. Box 271
Sacramento, CA 95802-0271

Please include the International Standard Book Number (ISBN) for each title ordered.

Remittance or purchase order must accompany order. Purchase orders without checks are accepted only from governmental agencies. Sales tax should be added to all orders from California purchasers.

A complete list of publications available from the Department, including apprenticeship instructional materials, may be obtained by writing to the address listed above or by calling (916) 445-1260.